

Kansas Corporation Commission Oil & Gas Conservation Division

1156884

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # | API No. 15 |
|---|---|
| Name: | Spot Description: |
| Address 1: | SecTwpS. R |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip:+ | Feet from East / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | □NE □NW □SE □SW |
| CONTRACTOR: License # | County: |
| Name: | Lease Name: Well #: |
| Wellsite Geologist: | Field Name: |
| Purchaser: | Producing Formation: |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: |
| ☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? |
| ☐ OG ☐ GSW ☐ Temp. Abd. | If yes, show depth set: Feet |
| CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): | If Alternate II completion, cement circulated from: |
| If Workover/Re-entry: Old Well Info as follows: | feet depth to: w/ sx cmt. |
| Operator: | |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: | Chloride content:ppm Fluid volume:bbls |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW | Dewatering method used: |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | Operator Name: |
| Dual Completion Permit #: | Lease Name: License #: |
| SWD Permit #: | QuarterSecTwpS. R East West |
| ENHR Permit #: | County: Permit #: |
| GSW Permit #: | County Fermit # |
| Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date | |

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

| KCC Office Use ONLY |
|------------------------------------|
| Letter of Confidentiality Received |
| Date: |
| Confidential Release Date: |
| Wireline Log Received |
| Geologist Report Received |
| UIC Distribution |
| ALT I II III Approved by: Date: |

Side Two



| Operator Name: | | | Lease Name: _ | | | _ Well #: | |
|--|--|---|----------------------|---|----------------------|-----------------|-------------------------------|
| Sec Twp | S. R | East West | County: | | | | |
| time tool open and clo | osed, flowing and shu es if gas to surface te | d base of formations pen t-in pressures, whether s st, along with final chart(well site report. | hut-in pressure rea | ched static level, | hydrostatic press | sures, bottom h | nole temperature, fluid |
| Drill Stem Tests Taker (Attach Additional | | Yes No | | og Formatio | n (Top), Depth ar | nd Datum | Sample |
| Samples Sent to Geo | ological Survey | ☐ Yes ☐ No | Nam | е | | Тор | Datum |
| Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy | d Electronically | Yes No Yes No Yes No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | Report all strings set- | | ermediate, producti | <u> </u> | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | ADDITIONAL | . CEMENTING / SQL | JEEZE RECORD | | | |
| Purpose: —— Perforate —— Protect Casing | Purpose: Depth Type of Cement Perforate Protect Casing | | # Sacks Used | # Sacks Used Type and Percent Additives | | | |
| Plug Back TD Plug Off Zone | | | | | | | |
| | DEDEODATI | ON DECORD - Deider Blue | - O-4/T | Asid Fro | cture, Shot, Cemen | t Causana Dagar | |
| Shots Per Foot | Specify I | ON RECORD - Bridge Plug Footage of Each Interval Per | forated | | mount and Kind of Ma | | Depth |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: | Yes No | | |
| Date of First, Resumed | Production, SWD or EN | HR. Producing Meth | | Gas Lift C | Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil | Bbls. Gas | Mcf Wat | er B | bls. | Gas-Oil Ratio | Gravity |
| DISPOSITI | ON OF GAS: | | METHOD OF COMPLE | ETION: | | PRODUCTIO | ON INTERVAL: |
| Vented Solo | | Open Hole | Perf. Dually | Comp. Cor | nmingled | | |
| (If vented, Su | bmit ACO-18.) | Other (Specify) | (Submit) | 4CO-5) (Sub | mit ACO-4) | | _ |

WELL LOG

| hickness of Strata | Formation | Total Depth |
|--------------------|-----------------|-------------|
| 19 | soìl-clay | 19 |
| 42 | shale | 61 |
| 8 | lime | 69 |
| 6 | shale | 75 |
| 12 | sandy lime | 87 |
| 17 | shale | 104 |
| 3 | lime | 107 |
| 53 | shale | 160 |
| 10 | lime | 170 |
| 15 | shale | 185 |
| 28 | lime | 214 |
| 8 | shale and slate | 222 |
| 10 | lime | 242 |
| 3 | shale and slate | 245 |
| 2 | kune | 247 |
| 2 | shale and slate | 249 |
| 12 | lime | 261 |
| 6 | shale | 267 |
| 107 | sandy shale | 3.74 |
| 44 | sand | 378 |
| 30 | shale | 408 |
| 2 | slate | 410 |
| 2 | sandy shale | 412 |
| 8 | sand | 420 |
| 4 | sand | 424 |
| 3 | limey sand | 427 |
| 28 | shale | 455-TD |
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| FIELD TICKET 8 | TREATMENT | REPORT |
|----------------|-----------|--------|
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| | or 800-467-8676 | | NAME & NU | CEME | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------------|-------------------|--------------|-----------|------------------|--|--|--|-------------------|
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| ACCOUNT | QUANITY | or UNITS | | DESCRIPTION | of SERVICES or PF | RODUCT | UNIT PRICE | TOTAL |
| CODE | | | PUMP CHA | RGE | <u> </u> | | | 1085 |
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| ULEB | .00 | | Pram | ium Gel | Phy. | - Control | e en kon bas en n | 48 29.4 |

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for