



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: _____



1156904

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i></p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p>
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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MILEAGE AND DIRECTION FROM NEAREST TOWN OR VILLAGE

Size of hole at bottom	6 3/4"				
Total Depth	1016'				
County	Chautauque				
Sec. 15	Twp. 24 S	Range 17 E			

Show location of well in section plat below

Operator Kansas Production Inc

Lease Well # M-5 Dearmond

Elevation 776'

WELL DRILLERS RECORD BOOK

Driller Howell, A. C. 504

Drilling Contractor Kennametal Drilling Co

Date well started 5-7-13 completed 5-9-13

Casing Furnished by oper

Casing: Amount 8 1/2" Size

Miss From _____ To _____

Cement Furnished by oper Sacks 10

Sample Bags _____

Dozer Hours _____

Rig Time Hrs. _____

3rd	2nd	1st.
		<u>12 1/2</u>
		<u>6 1/2</u>
	Surface	Bit Size
	Production	

oz	1/16"	1/8"	1/4"	3/8"	1/2"	3/4"	1"	1 1/4"	1 1/2"	oz	1/16"	1/8"	1/4"	3/8"	1/2"	3/4"	1"	1 1/4"	1 1/2"
10	0.168	0.528	1.68	3.56	6.27	14.2	25.8	43.9	69.6	65	0.428	1.34	4.30	9.10	16.0	36.1	66.8	112	177
12	0.184	0.578	1.85	3.91	6.87	15.5	28.3	48.0	76.2	70	0.444	1.39	4.45	9.45	16.7	37.4	68.3	116	184
14	0.199	0.625	1.99	4.22	7.42	16.8	30.6	51.9	82.3	80	0.479	1.50	4.76	10.10	17.2	40.0	73.1	124	197
16	0.213	0.669	2.13	4.52	7.94	17.9	32.7	55.5	88.0	90	0.507	1.59	5.05	10.70	18.8	42.5	77.5	132	209
18	0.228	0.709	2.26	4.79	8.43	19.0	34.6	58.9	93.3	100	0.533	1.67	5.32	11.30	19.9	44.8	81.6	138	220
20	0.238	0.747	2.37	5.05	8.87	20.0	36.5	62.0	98.5	110	0.558	1.75	5.60	11.90	20.9	47.2	85.9	145	231
22	0.250	0.784	2.49	5.29	9.31	21.0	38.3	65.1	103	120	0.584	1.83	5.86	12.40	21.9	49.3	89.8	152	241
24	0.261	0.818	2.61	5.52	9.72	21.9	40.0	67.9	108	130	0.610	1.91	6.10	12.90	22.8	51.4	93.6	158	251
26	0.272	0.852	2.71	5.76	10.1	22.9	41.6	70.7	112	140	0.632	1.98	6.33	13.40	23.7	53.3	97.3	164	260
28	0.282	0.884	2.81	5.98	10.5	23.8	43.2	73.3	116	150	0.654	2.05	6.55	13.90	24.5	55.2	101.0	170	270
30	0.292	0.915	2.92	6.18	10.9	24.5	44.7	76.0	121	160		2.11	6.72	14.20	25.1	56.8	103.0	176	278
32	0.302	0.945	3.01	6.39	11.2	25.3	46.2	78.5	124	170		2.18	6.93	14.70	25.8	58.5	106.0	181	287
34	0.311	0.975	3.11	6.58	11.6	26.1	47.6	80.9	128	180		2.24	7.12	15.10	26.6	60.2	110.0	186	295
36	0.319	1.00	3.19	6.78	11.9	26.9	48.9	83.3	132	190		2.30	7.32	15.50	27.3	61.9	113.0	191	303
38	0.329	1.03	3.28	6.96	12.2	27.6	50.3	85.5	136	200		2.36	7.51	15.90	28.0	63.5	115.0	196	311
40	0.338	1.06	3.37	7.14	12.5	28.3	51.6	87.8	139	210		2.48	7.89	16.70	29.4	66.6	121.0	206	326
45	0.357	1.12	3.58	7.58	13.3	30.1	54.7	93.1	148	240		2.59	8.22	17.40	30.7	69.5	126.0	215	341
50	0.377	1.18	3.71	7.98	14.1	31.6	57.7	98.1	156	260		2.69	8.56	18.10	31.9	72.4	132.0	224	355
55	0.396	1.24	3.95	8.37	14.7	33.2	60.5	103.0	163	280		2.79	8.89	18.80	33.2	75.1	137.0	233	368
60	0.412	1.29	4.12	8.74	15.4	34.7	63.3	107.0	170	300		2.89	9.20	19.50	34.3	77.8	141.0	241	381

REMARKS	KIND OF ROCK	DEPTH IN FEET FROM TO
	mg shale	116 152
	sdg shale	152 158
	sand	158 167
	shaly sand	167 175
	sand	175 182
	WGT 177 ft sec	182 216
	(terminated)	182 216
	sand shale	216 230
	shale	230 235
	lime shale	235 240
	shale	240 246
	lime shale	246 261
	shale	261 266
	sand shale	266 272

REMARKS	KIND OF ROCK	DEPTH IN FEET FROM TO
	Topsoil	0 2
	Brown gumbo clay	2 4
	yellow clay	4 11
	soft clay	11 19
	clay wet	19 30
	clay riverbed	30 36
	soft shale	36 44
	shale	44 52
	soft shale	52 60
	river gravel	60 61
	shale	61 72
	sdg shale	72 77
	mg sand shale	77 95
	shaly sand	95 109
	sand	109 116

REMARKS	KIND OF ROCK	DEPTH IN FEET
		TO FROM
(laminated) & sand		400 152
	mg w/lm	521 132
	shale w/lm	526 81
	shale w/lm	532
	(laminated) sh	532 533
	sand & shale	553 591
	shale w/lm	606 591
	oil odor	593 593
	slightly bleeding	593-602
	oil odor	602-606
	alot of (loss) sand	606
	laminated sand & shale	609 627
	mixed sds	627 630
	lime & shale	630 689
	mg w/lm	630
	shale w/lm	689

REMARKS	KIND OF ROCK	DEPTH IN FEET
		TO FROM
	hard sand	266 270
	mg w/lm	307 270
	shale (mixed) w/lm	311 307
	shale w/lm	319 311
	lime & shale	327 319
	(mixed) lime shale	333 327
	lime shale	336 333
	(mixed) lime shale	347 336
	lime shale	347 347
	lime shale	348 347
	lime	352 348
	shale w/lm	356 352
	lime shale	360 356
	lime shale w/lm	387 360
	shale w/lm	387 360
	shale w/lm	387 387
	shale w/lm	387 387

McCANN FIELD SERVICES
1613 W 6TH St
Bartlesville OK 74006

FIELD WORK TICKET

Lease: Dearmond

Well: M-5

Date: 07/09/2013

Cement to surface

Portland cement 132 sx

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 24, 2013

MARK W McCANN
Quito, Inc.
1613 W 6TH ST
BARTLESVILLE, OK 74003-3712

Re: ACO1
API 15-019-27304-00-00
DEARMOND M-5
NW/4 Sec.15-34S-12E
Chautauqua County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
MARK W McCANN

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 30, 2013

MARK W McCANN
Quito, Inc.
1613 W 6TH ST
BARTLESVILLE, OK 74003-3712

Re: ACO-1
API 15-019-27304-00-00
DEARMOND M-5
NW/4 Sec.15-34S-12E
Chautauqua County, Kansas

Dear MARK W McCANN:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/07/2013 and the ACO-1 was received on September 24, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department