

Kansas Corporation Commission Oil & Gas Conservation Division

1158545

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

| Name: Address 1: | OPERATOR: License # | API No. 15 |
|--|---|---|
| Address 2: | Name: | Spot Description: |
| City: | Address 1: | SecTwpS. R 🔲 East 🗌 West |
| Contact Person: | Address 2: | Feet from North / South Line of Section |
| NR | City: | Feet from _ East / _ West Line of Section |
| CONTRACTOR: License # County: Name: Wellsite Geologist: Purchaser: Posignate Type of Completion: New Well Re-Entry Workover Gas D&A ENHR SIGW Gas D&A ENHR SIGW Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: 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. If Workover/Re-entry: Old Well Info as follows: Original Comp. Date: Original Total Depth: Conv. to GSW Depening Re-perf. Conv. to GSW Departing method used: Location of fluid disposal if hauled offsite: Coperator Name: Lease Name: License #: License #: County: Permit #: Caps County: Permit #: County: Pe | Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Lease Name: | Phone: () | □NE □NW □SE □SW |
| Wellsite Geologist: | CONTRACTOR: License # | County: |
| Purchaser: | Name: | Lease Name: Well #: |
| Designate Type of Completion: New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. If Workover/Re-entry: Old Well Info as follows: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to GSW Plug Back: Plu | Wellsite Geologist: | Field Name: |
| New Well | Purchaser: | Producing Formation: |
| New Well | Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| Oil | | , , |
| Well Name: | Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? |
| Well Name:Original Total Depth: | Operator: | |
| Original Comp. Date: Original Total Depth: bbls 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 #: GSW Permit #: Original Total Depth: bbls Chloride content: ppm Fluid volume: bbls Dewatering method used: bewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R East West County: Permit #: | Well Name: | |
| GSW Permit #: County: Permit #: | 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 #: | Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: |
| | | |
| | Spud Date or Date Reached TD Completion Date or | |

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 N | lame: | | | Well #: | | |
|--|--|-------------------------------------|--------------------------------|----------------------|-----------|------------------------|---|-----------------|-------------------------------|----------------|
| Sec Twp | S. R | East | West | County: | | | | | | |
| INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A | osed, flowing and shu es if gas to surface te | t-in pressures, st, along with f | whether sh inal chart(s | nut-in press | ure reach | ed static level, | hydrostatic pres | sures, bottom h | ole temp | erature, fluid |
| Drill Stem Tests Taker (Attach Additional S | | Yes | No | | Log | y Formation | n (Top), Depth a | nd Datum | | Sample |
| Samples Sent to Geo | logical Survey | Yes | No | | Name | | | Тор | I | Datum |
| Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy | d Electronically | Yes Yes Yes | ☐ No ☐ No ☐ No | | | | | | | |
| List All E. Logs Run: | | | | | | | | | | |
| | | Report all | CASING I | | New | Used mediate, producti | on, etc. | | | |
| Purpose of String | Size Hole Drilled | Size Ca | Size Casing Set (In O.D.) | | ht Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives | |
| | | | | | | | | | | |
| | | AI | DDITIONAL | CEMENTIN | G / SQUE | EZE RECORD | | | | |
| Purpose: Depth Top Bottom Type of Cemerate — Protect Casing — Plug Back TD — Plug Off Zone — Plug Off Zone | | ement | # Sacks | Used | | Type and | Percent Additives | | | |
| | | | | | | | | | | |
| Shots Per Foot PERFORATION RECORD - Bridge Plug Specify Footage of Each Interval Per | | | Bridge Plugs Interval Perfo | s Set/Type orated | | | cture, Shot, Cemei mount and Kind of N | | d | Depth |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Size: | Set At: | | Packer At: | | Liner Run: | | | | |
| Date of First, Resumed | Production, SWD or EN | | ducing Meth | od: | | as Lift C | Yes No | 0 | | |
| Estimated Production Per 24 Hours | Oil | Bbls. | | Mcf | Water | | ols. | Gas-Oil Ratio | | Gravity |
| DISPOSITIO | ON OF GAS: | | M | IETHOD OF | COMPLET | ION: | | PRODUCTIO | ON INTER | VAL: |
| Vented Sold | Used on Lease | Open | Hole (Specify) | Perf. | Dually (| | nmingled mit ACO-4) | | | |

HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

Mosher #BI-4 API # 15-121-29479-00-00 SPUD DATE 07-25-13

| Footage | Formation | Thickness | Set 20' of 7" w/ 3sx |
|---------|-------------------|-----------|-------------------------------|
| 2 | Topsoil | 2 | TD 755' |
| 12 | clay | 10 | Ran 750' of 2 7/8 on 07-26-13 |
| 14 | sand stone | 2 | Run 750 Of 2 7/6 Off 07-20-15 |
| 37 | lime | 23 | |
| 43 | shale | 6 | |
| 56 | lime | 13 | |
| 59 | shale | 3 | |
| 74 | lime | 15 | |
| 97 | shale | 23 | |
| 98 | lime | 1 | |
| 107 | shale | 9 | |
| 126 | lime | 19 | |
| 205 | shale | 79 | |
| 226 | lime | 21 | |
| 256 | shale | 30 | |
| 263 | lime | 7 | |
| 317 | shale | 54 | |
| 344 | lime | 27 | |
| 352 | shale | 8 | |
| 390 | lime | 38 | |
| 550 | 'shale | 168 | |
| 565 | lime | 7 | |
| 615 | shale | 50 | |
| 620 | lime | 5 | |
| 667 | shale | 47 | |
| 668 | lime | 1 | |
| 673 | black shale | 5 | Perf 678 – 687.5 per Brian |
| 675 | white mulky shale | 2 | |
| 678 | mulky shale/sand | 3 | good odor, little bleed |
| 685 | oil sand | 7 | 75% sand, 25% shale |
| 686 | shale | 1 | |
| 687 | oil sand | 1 | 80% sand, 20% shale |
| 755 | shale | 68 | |

CONSOLIDATED Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346

MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

INVOICE

Invoice #

260994

Invoice Date:

07/29/2013

Terms: 0/0/30, n/30

Page

BLUE DIAMOND HOLDINGS, LLC

P.O. BOX 128

WELLSVILLE KS 66092)

MOSHER BI-4

42287

1-16-21

07-26-2013

KS

| ======================================= | | ======== | ======== | ======= |
|--|---|---|---|---|
| Part Number 1124 1118B 1111 1110A 4402 | Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE SODIUM CHLORIDE (GRANULA KOL SEAL (50# BAG) 2 1/2" RUBBER PLUG | Qty 107.00 280.00 225.00 535.00 1.00 | Unit Price 11.5000 .2200 .3900 .4600 29.5000 | Total 1230.50 61.60 87.75 246.10 29.50 |
| Description 368 CEMENT PUMP 368 EQUIPMENT MILE 368 CASING FOOTAGE 558 MIN. BULK DELI 675 80 BBL VACUUM | VERY | Hours 1.00 20.00 750.00 1.00 2.00 | Unit Price 1085.00 4.20 .00 368.00 90.00 | Total 1085.00 84.00 .00 368.00 180.00 |

_______ 1655.45 Freight: Parts: .00 Tax: 122.50 AR

Labor:

.00 Misc:

3494.95

.00 Total:

3494.95

Sublt: .00 Supplies: .00 Change:

.00

Signed

Date



260994

TICKET NUMBER 42287

LOCATION Offewa KS

FOREMAN Casey Kennedy

| | chanute, KS 66720 °C or 800-467-8676 | CEM | | ORI | | , |
|---|---|--------------------|----------------------|---------------------------------------|-----------------|-----------|
| DATE | CUSTOMER# V | VELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 7/26/13 | 1133 Mo | ther # BI-4 | NWI | 16 | 21 | M |
| CUSTOMER | Diamond Holding | | | | 2 . **B(198*) | 1.44指统系列 |
| MAILING ADDR | ESS | 25 | TRUCK# | DRIVER | TRUCK# | DRIVER |
| PO! | Box 128 | | 481 | Casken | V Saldy 1 | bething |
| CITY | STATE | ZIP CODE | 368 | ArINED | ~ | |
| Wellsu | | 66092 | 728 | GATMOD | 1 | |
| JOB TYPE /o | | | 675 PTH 755 | KeiDot | 03 | |
| CASING DEPTH | | | baffle - 72 | CASING SIZE & V | | 18" EUE |
| SLURRY WEIGH | | | | | OTHER | , |
| | -11 171116 | | | RATE 3 60 | | |
| REMARKS: La | ld salet most | ostalialed area | l-k* | RAIE - BOL | 100-45 | |
| Gel fulla | ld salety neeting wed by 10 bbs | frosts 1 to | show , Muyeo | pumped | 100 # H | emina. |
| cement " | J/ 27 gel 5% | calt + 5 # Kal | mal out doe | dea 10+ | 100 | o tozunia |
| fluched a | cup clean pumps | od 21/2" miller al | LA LACIA | e ceuter | I Lie Jan | lo- |
| brozored. | 100 ACI 124 00% OF | essed prossure, s | hit is costa | - 417 | bbls trech | water, |
| | | 10 | - 17. Cas/// | 9 | | |
| | | | 9 | \sim | 10 | |
| 100 Maria | | | | 1) | 1 | |
| | | | 10000 | 14 | T-)- | |
| | | | | | | |
| ACCOUNT CODE | QUANITY or UNITS | DESCRIPTIO | N of SERVICES or PRO | DDUCT | UNIT PRICE | TOTAL |
| 5401 | | PUMP CHARGE | | | | 1085.00 |
| 5406 | 20 mi | MILEAGE | | | | 84.00 |
| 5402 | 750' | casing footag | e | | | |
| 5404 | minimum | ton mileage | | · · · · · · · · · · · · · · · · · · · | | 368.00 |
| 55020 | 2 hrs | 80 Vac | | | | 180.00 |
| | | | | | | |
| | | | | | 1 | |
| 1124 | 107 sts | 50/50 Pozmix | connect | | inss. | 1230.50 |
| 111813 | 280 # | Premium Gel | | | | 61.60 |
| 1111 | 292 # | Sit | | | | 87.75 |
| 11100 | 535 # | Kolseal | | | | |
| 4402 | 1 | 2/2" rubber p | 1. 20 | | | 29.50 |
| | | 1 | | | | 04/130 |

SALES TAX Ravin 3737 **ESTIMATED** TOTAL AUTHORIZTION No Co. Rep. ou location TITLE_ DATE 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 form.