

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1160739

Form ACO-1 August 2013 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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

	Page Iwo	1160739
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional She	eets)	Yes No	[Log Formati	on (Top), Depth an	nd Datum	Sample
Samples Sent to Geolog	,	Yes No	1	Name		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD	New Used	tion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Use	d	Type and P	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 an	nd 3)

			0	
Does t	he volume o	f the total	base fluid of the	hydraulic fracturing treatment exceed 350,000 gallons?
Was th	ne hydraulic i	fracturing t	reatment inform	ation submitted to the chemical disclosure registry?

Yes	INO
Yes	No
Yes	No

No (If No, skip question 3)

No (If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				,	Acid, Fracture, Shot, Ce (Amount and Kino	ement Squeeze Record I of Material Used)	Depth	
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	l Producti	on, SWD or ENHF	} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Dually		Commingled		
(If vented, Su	ıbmit ACO	-18.)		Other (Specify))	(Submit /	,	(Submit ACO-4)		

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

Terry Bayliss Arbuckle Energy Inc. 2914 ALOMA ST WICHITA, KS 67211

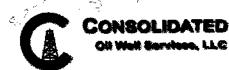
Re: ACO1 API 15-115-21453-00-00 Stuchlik MTB 1 SW/4 Sec.32-17S-04E Marion County, Kansas

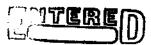
Dear Production Department:

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, Terry Bayliss





TICKET NUMBER	42 <u>939</u>
LOCATION	Ka
FOREMAN STUR	Aread

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PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

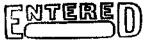
620-431-9210	or 800-467-867	6		CEMEN	IT ART	15-115-2	1453		
DATE	CUSTOMER #		VELL NAME & NUI	MBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-8-13	1010	STUCH	IR MTG	?1	.32	175	4E	Marien	
CUSTOMER									
Arbuck	In Energy	* Inc			TRUCK #	DRIVER	TRUCK #	DRIVER	
					445	Alanm			
2914	Aloma ST.				611	Joex			
CITY		STATE	ZIP CODE		-				
wiching	×	Ks	67211						
JOB TYPE		HOLE SIZE	12:4	HOLE DEPT	H_ Z18'	CASING SIZE &	WEIGHT <u>8</u> *	*	
CASING DEPTH	202'						OTHER		
SLURRY WEIG	нт	SLURRY VO)L	WATER gal/	sk	CEMENT LEFT IN CASING			
DISPLACEMEN	T. 13661 5	DISPLACE	MENT PSI	MIX PSI		RATE			
REMARKS: So	AFY Meetin	E: Risy	10 70 8 540	casine. B	heak circu	lation WS6	Hs Fresh (UgTer.	
X1 125 5	ts ClassAC.	men 4	1 3% - Cacla	22 (r) A	14 Flo Cer	Le. postsk. L	Displace Le	STR 1344	
						13221 70,20			
			dore Big-de			•			

Thank you

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870-00	870.00
5406	50	MILEAGE	4.20	210.00
11045	125 sks	Class A Cament	15.70	1967.50
11 02	350+	Caciz 3%	.78	273 00
11183	235*	GU 28	.82_	51.70
//07	31*	Flo-Cele 1/4 Bross	2.47	76.57
5407A	5.86	Jon Milenger Bulk Trucks	1.41	413.13
· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·			
			_	
<u></u>			Subtotal	3856.90
Ravin 3737		259404 78%	SALES TAX	184.37
	m midt	TITLE Tool Pisher	TOTAL DATE 6-8	4041.27

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.





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TICKET NUMBER 42951

LOCATION <u>EURERA</u> FOREMAN Keven MCCoy

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6		CEMEN	TARE TIS-	115-21453		
DATE	CUSTOMER #	WELI	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-13	1070	Stuchlik	MTB I		32	175	4E	MARION KS
CUSTOMER				Gulick				
HRBUC	KLE ENERgy	Y INC.			TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS	*		Delg.	520	Allen B.		
300 W	- Doug/As a	STE 305			515	Merle R.		
CITY		STATE	ZIP CODE		637	Jim M.		
wichit	4A	Ks	67202					
JOB TYPE	Nastring 0	HOLE SIZE	71/8	_ HOLE DEPTH	2770'	CASING SIZE & V	VEIGHT 51/2 1	5,50 [#] N&w
	2759 6.4.	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGI	нт <u> <i>(</i>, 3</u> , 6 *	SLURRY VOL	1 BH	WATER gal/sl	9,0	CEMENT LEFT in	CASING 0	
DISPLACEMEN	T <u>66 86C</u>	DISPLACEMEN	T PSI_700	MIR PSI_1/200	Bump Pluz	rate <u>5 bpm</u>		
REMARKS:	AFety Meetin	19: Rigup	to 51/2 CA	Sing. BREA	K CIRCUlata	w as 15 BSL-	Fresh wate	L. Mixed
125 SKS 7	THEK SET CO	ement of s	5 #Kol-Sea	(/sk, 1#P.	henoseal /s.	t @ 13.6 "/9A	L yield 1.6	95 = 41 BK
						splace Plug		
						200 PSI. WAH		
PRESSURE,	FIGAT & Ph	ing Held. G	Good CIRCO	dation of	ALL times	during Ceme	anting PROCE	educes.
	plete . Kig a							

ACCOUNT	0~1 # 7 9 15 BAS QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1126 A	125 sks	THICK SET CEMENT	20.16	2520.00
1110 A	625*	KOL-SEAL 5 */SK	. 46	287.50
1107 A	125 *	Phenoseal 1#/sk	1.35	168.75
5407 A	6.87 Tows	So Miles Bulk Delv.	1.41	484.34
5502 C	6 HAS	80 BEL VAC TRUCK	90.00	540.00
1123	3000 gals	City water.	17.30/1000	51.90
4159	1	51/2 AFU FIGAT Stree	361.00	361.00
4104	1	51/2 Cement BASKet	240.00	240.00
4130	3	51/2 × 7% Centralizers	50.50	151.50
4454	/	51/2 LATCh down. Plug	266.75	266.75
	· · · · · · · · · · · · · · · · · · ·	Ostatto	SUB TOTAL	6366.14
	······································	THANK YOU 7.8%	SALES TAX	315.
vin 3737	m de	TITLE Gulick Dr. to / Too Coostru	ESTIMATED TOTAL DATE	6682.45

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.