Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1161966

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.xxxx) (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:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	
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 #:	Location of huid disposal if haded offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Reached TD Recompletion Date of 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 Two	1161966
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTRUCTIONS, Show important tang of formations panatrated	Datail all aaraa Bapart al	I final conice of drill stome tests siving interval tested, time test

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		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	jical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		ion. 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 / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives	
Periorate							

Plug Back TD Plug Off Zone				
Perforate Protect Casing		his well?		
Porforato	Top Bottom			

Did you perform a hydraulic fracturing treatment on this well?	res
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No

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

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval I		е			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	Producti	ion, SWD or ENHF	} .	Producing N	/lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLETION: PRODUCTION		PRODUCTION IN	TERVAL:				
Vented Solo	1 🗌 L	Jsed on Lease		Open Hole	Perf.	Uually (Submit)	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	D-18.)		Other (Specify))	(Subinit /		(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

U8/20/2013 U4:04 FAX 6205837901

Call Mall Berylans, LLC

Consolidated 011 ERE

40002/0003

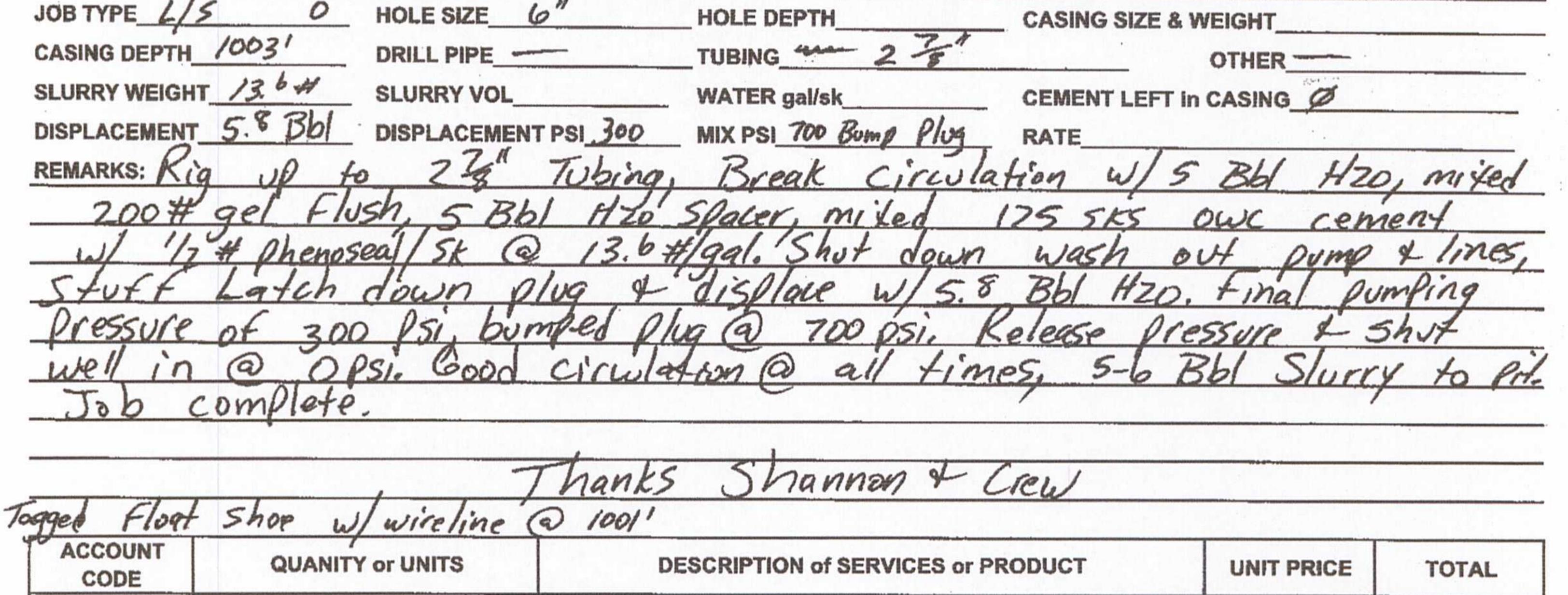
43248 **TICKET NUMBER** LOCATION Eureka KS FOREMAN Shannon Feck

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

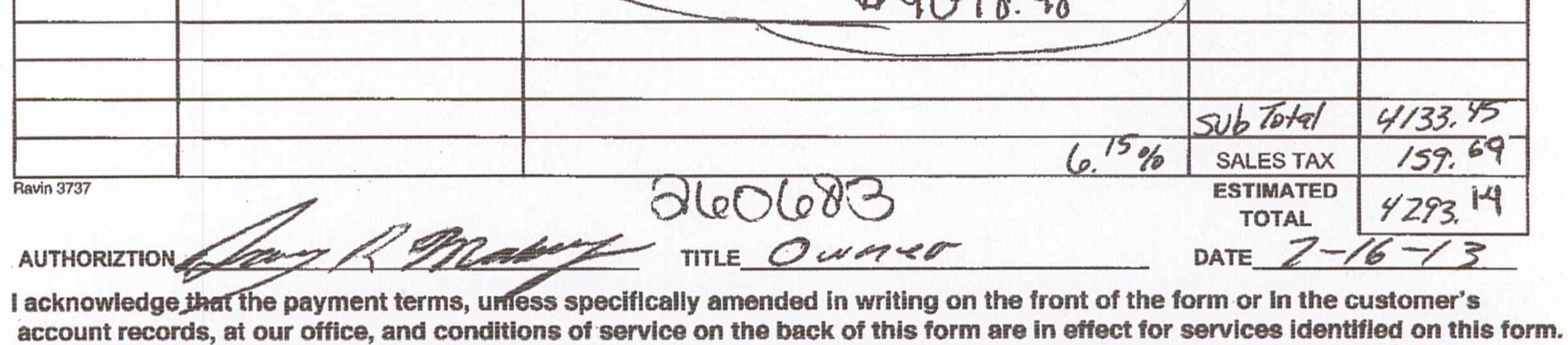
FIELD TICKET & TREATMENT REPORT

CEMENT DATE **CUSTOMER#** WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 7-16-13 5405 Morse # 18 CUSTOMER Gary Massey -PDI Oil **TRUCK #** DRIVER **TRUCK #** DRIVER MAILING ADDRESS 445 Dave 6 18014 54 1085 Joey K 611 CITY ZIP CODE STATE Eureka KS 67045

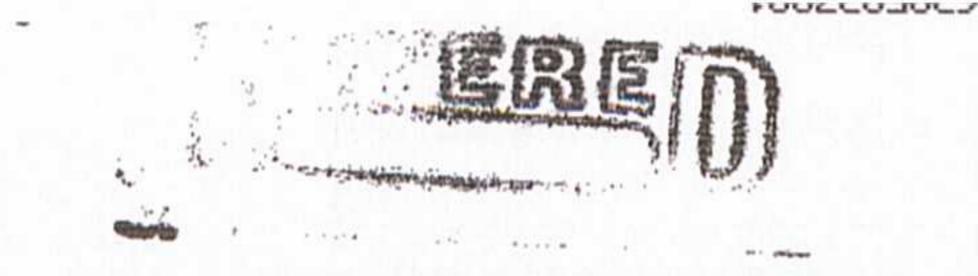
6" 0 HOLE SIZE



5401	1	PUMP CHARGE	1085.00	1085.00
5406	20	MILEAGE	4,20	84.00
1126	125 5KS	O.W.C Cemont	19.75	2468.75
1107A	62 #	1/2 # phenosal/st	1.35	83.70
1118 B	200#	gel Flush	, 22	44.00
5407	6.5 Tons	Ton mileage bulk Truck	mk	368.00
		590 Z 214.66)		
		521171828		

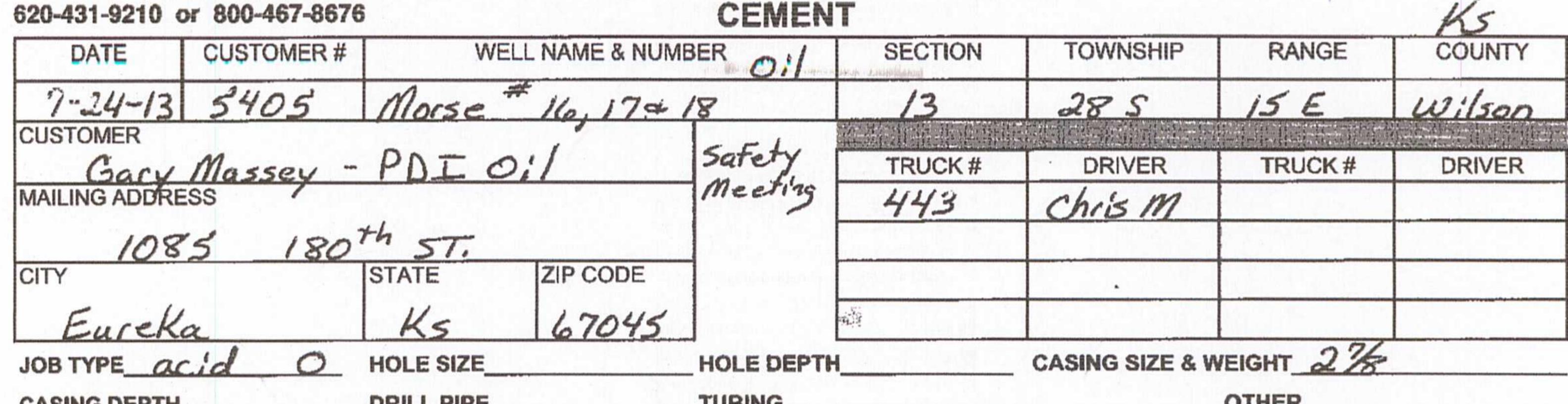




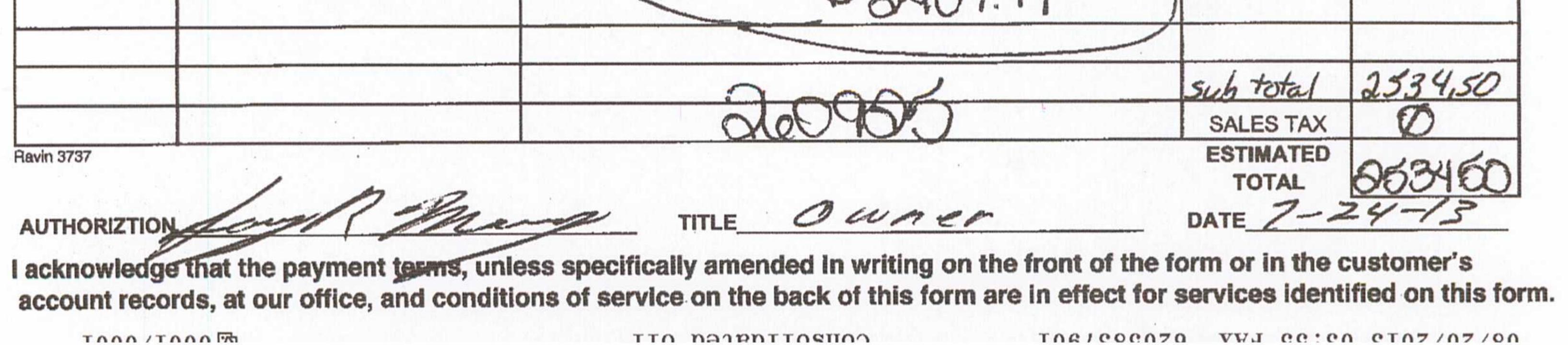


LIAW IN INDIANA HAT OF OD CHOC 43360 TICKET NUMBER LOCATION Eureka 170 FOREMAN Dan Butter

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



ASING DEPTH DRILL PIPE		TUBING	OTHER	
LURRY WEIGHT	SLURRY VO	WATER gal/sk CEME	ENT LEFT in CASING	
	DISPLACEM	ENT PSI MIX PSI RATE		
EMARKS: wel	1#17- Derfs 964-	984; 40 shots - pumped 250 gals	acid well broke	at 1000th
1/2 bom @	500 increase to 3	33/4 bpm Flush at 300 # pumped 71	ble Flush ISDP 2	50#
down to V	acuuma			
well # 16 .	- perfs 963-973-	-21shots - well broke at 750 # wi	th 150gals acid.	×66665.
Flush at.	31/2 bom @. 500#	ISDP & well on vacuum		
well # 18 -	perts 958-964.	13 shots - well loaded 1/2 bbl eas	ly, broke down a	of 1500 #
of 150 gals	actel pumped le	1/2 bbls Flush at 31/26pm @ 800# :	ISDP 700#, 10m	ins well
on vacuu		plete		
		Thank you		
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	T UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	840.00	840.00
5306	20	MILEAGE	4,00	80,00
5610	2hrs	Misc pump	200.00	400.UE
3107	550gals	15% HCL acid	1.75	962,50
3134	Igal	Surface Tension reducer	36:00	36,00
3166	loat	Inhibitor	50.00	50.00
3171	21/290/5	Iron Control	40,00	100.00
3175	2 gals	Non-Emuls	33,00	66,00
	3			
		10. 100 12		
		100 × 100.101		
		AA AMANAAA		
		TOPO TO		



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/

Shari Feist Albrecht, Chair Thomas E. Wright, Commissioner Mark Sievers, Commissioner Sam Brownback, Governor

January 16, 2014

Gary Massey Massey, Gary R. 1085 180TH ST EUREKA, KS 67045-4227

Re: ACO-1 API 15-205-28160-00-00 Morse 18 SE/4 Sec.13-28S-15E Wilson County, Kansas

Dear Gary Massey:

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 7/16/2013 and the ACO-1 was received on January 14, 2014 (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