KANS

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1163968

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 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: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (e.gxxx.xxxx)
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 □ Gas □ D&A □ ENHR	SIOW	Elevation: Ground: Kelly Bushing:
	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		
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
		Dewatering method used:
		Leastion of fluid dispaced if housed effects
		Location of fluid disposal if hauled offsite:
		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD Co	ompletion Date or	QuarterSecTwpS. R East West
•	ecompletion 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	1163968
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS: Chain important tang of formations paratrated Da	tail all aaraa Danart all final	conico of drill stome toste giving interval tosted, time tool

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 Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog		Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		lew Used termediate, producti	on, 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 / SC	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		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	d 3)

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

	(11 140, 510) 9405110115 2 411
No	(If No, skip question 3)

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

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval F		e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:	At: Packer At: Line			Liner R	un:	No	
Date of First, Resumed	l Producti	ion, SWD or ENHF	} .	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ION OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	d 🗌 l	Jsed on Lease	. (Open Hole	Perf.	Dually		Commingled		
(If vented, Su	ıbmit ACC	0-18.)		Other (Specify)		(Submit /		(Submit ACO-4)		

Yes

Yes

No

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

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Cunningham 2
Doc ID	1163968

Tops

Name	Тор	Datum
Lecompton	3491	-1898
Elgin	3523	-1930
Heebner Shale	3651	-2058
Lansing	3828	2235
Stark Shale	4197	-2604
B/KC	4290	-2697
Mississippi	4377	-2784
Kinderhook	4547	-2954
Viola	4650	-3057
Simpson	4754	-3161
Simpson Sand	4762	-3169

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TREATMENT REPORT

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Taylor Printing Inc. 620-672-36

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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

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3:30				100 100	son locat	2 2 20 20 20	hold	Safet	v Meeti	Act
5:35		-				a in well.	and the second	late f	1. Contract of the second s	<u>1.9.</u>
6:45	300	2,000			Shuti	nwell. Pre		A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O		
	300		1	6	Start	28 HCL P				
)	2 ¹	20	8 0 5	5 C	MudFlu		1. 	2 I.	
		8. U. c.	32	5	Star	Freshwa	ater Sp	oucer.		7 a ⁴⁴ 8
7:08	300	12 ¹¹	35			Mixing 2				
-			89		stopp	oumping. S	hut in u	ell. Wa	sh pump a	indlines
7.2	160				Relea	se Latch [Jour Plu	g.Ope	n Well.	
7:20	150		80	6.0		128 HCL	Displ	acemen	1	* *
7:42	1100	n Post I Post I	1118	<u> </u>		tolift	cemer		11010	
<u>(·-1a</u>	1,500				\cap	down.			EA -	3 % #
	1,200	2 X 2 X 2	1975 - 309 - 47 - 1977 - 19 1 - 29	a an in a second and	0	sure up.	man 1	466	- 1 1 0	<u>e de primero</u> a gang da en
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	60 1		-+			at and M		loles.		
8:30				29 B	Jobe	andeto				
10244	NE Hiw	ay 61 • P	.O. Box 861	3 • Pratt,	KS 67124-86	13 • (620)	672-120	1 • Fax	(620) 672	-5383
		A REAL PROPERTY AND A REAL		and the second se						

	HYDRAUL		UID PRODUCT COMPONENT I	NFORMATION DIS	CLOSURE	
	Fracture Date:	10/23/201	3			
		Barber County, KS	-			
	-	Griffin Management				
Well N	Iame and Number:					
	luid Volume (gal)*:		0			
Hydraulic Fracturin	g Fluid Compositio	n:	•			
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service	Maximum Ingredient Concentration	Maximum Ingredient Concentration
made Marine	Juppilei	i uipose	ingreatents			
				Number	in Additive	in HF Fluid
				(CAS#)	(% by mass)**	(% by mass)**
Plexslick 947	Chemplex	Friction Reducer	Petroleum Distillate	64742-47-8	30%	
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10%	0.0023590%
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50%	0.0117950%
Claymax	Chemplex	Clay Stabalizer	No hazardous ingredient			
Chemplex AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0049000%
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0013174%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.5000000%
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0.600000%
Frac Sand	Uniman	Propant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	15.2%