

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1163981

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:	SecTwpS. R 🗌 East 🗌 West							
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: ()	□NE □NW □SE □SW							
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:							
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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  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  Plug Back Conv. to GSW Conv. to Producer  Commingled Permit #:  Dual Completion Permit #:  SWD Permit #:	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:							
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:							
	Lease Name: License #:							
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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									
Confidentiality Requested									
Date:									
Confidential Release Date:									
Wireline Log Received									
Geologist Report Received									
UIC Distribution									
ALT I II III Approved by: Date:									

Page Two



Operator Name:				Lease N	Name:			_ Well #:			
Sec Twp	S. R	East	West	County	:						
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo				
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log	
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	n (Top), Depth a			Sample	
Samples Sent to Geol	ogical Survey	Ye	es No		Name	9		Тор	L	Datum	
Cores Taken Electric Log Run		Y∈  Y∈									
List All E. Logs Run:											
			CASING	RECORD	☐ Ne	w Used					
		Repo				rmediate, producti	on, etc.				
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives	
									<u> </u>		
Purpose	Depth					EEZE RECORD					
Purpose: Perforate	Top Bottom	Туре	of Cement	# Sacks	Used		Type and I	Percent Additives			
Protect Casing Plug Back TD											
Plug Off Zone											
Did you perform a hydrau	ilic fracturing treatment or	this well?	,			Yes	No (If No, sk	ip questions 2 ar	nd 3)		
	otal base fluid of the hydra		•		•			ip question 3)			
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC	)-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)					
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:					
							Yes No				
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g $\square$	Gas Lift C	other (Explain)				
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bi	ols.	Gas-Oil Ratio Gravity			
DIODOCITIO	ON OF CAS:			AETLIOD OF	COMPLE	TION		BDOD! IOT!	או ואודכטי		
Vented Sold	ON OF GAS:  Used on Lease		) Open Hole	METHOD OF Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	YN INTEK	/AL.	
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)				

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Orr B2
Doc ID	1163981

## Tops

Name	Тор	Datum				
Elgin Sand	3419	-1912				
Heebner Shale	3549	-2042				
Lansing	3722	-2215				
Stark Shale	4094	-2587				
B/KC	4188	-2681				
Mississippi	4269	-2762				
Kinderhook	4416	-2909				
Viola	4516	-3009				
Simpson	4626	-3119				
Simpson Sand	4640	-3133				



#### FIELD SERVICE TICKET

1718 A

CC 102 Cell D Flake  CC 109 Cal sum Chloride  CF 153 Western Plus Ceq 1 160 00  E 100 Pickup M Leage Mi 35 1498 75  E 101 Heavy Mi leage Mi 70 490 00  E 113 Bulk Delivery TM 298 476 00  CE 200 Delth Charge Hr 1 15000 00  CE 240 Mixing Charge SK 180 2552 00  CE 504 Plus Container TM 500 00  Suffer Visor Ceq 1 175 00	A STATE OF THE STA			SERVICES Pho	one 620-672-1	201	*		DATE	TICKET NO							
ADDRESS  COUNTY  STATE  SERVICE CREW  JOB TYPE:  ARRIVED AT JOB  TRUCK CALLED  DATE  ARRIVED AT JOB  ARRIVED AT JOB  TRUCK CALLED  DATE  ARRIVED AT JOB  FINISH OPERATION  ARRIVED AT JOB  FINISH OPERATION  ARRIVED AT JOB  FINISH OPERATION  ARRIVED AT JOB  TRUCK CALLED  DATE  ARRIVED AT JOB  ARRIVED AT	DATE OF 10-1	573	[	DISTRICT			NEW WELL	OLD F	PROD INJ	□ wdw □ C	USTOMER ORDER NO.:						
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THE ABOVE MATERIAL AND SERVICE

REPRESENTATIVE

SERVICE



## TREATMENT REPORT

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Plug Depth	Packer De	epth	From		То		Flu				Gas Volun	ne			Total L	oad			
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Service Units	19889	193				996C		21010	T		25443			<u>la 11/6</u>		1)		-	
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10244 NE Hwy. 61 P.O. Box 8613

### FIELD SERVICE TICKET

1718 A Pratt, Kansas 67124 Phone 620-672-1201

Was and the second	PRESSURE PUM	PING & WIRELINE			•		DATE	TICKET NO	10	=			
DATE OF 10	10-19	DISTRICT // 47/			NEW WELL	OLD	PROD [INJ	□ wdw □ S	CUSTOMER ORDER NO.:				
CUSTOMER (	riffin	Managen	enr		LEASE OBB SWELL NO.								
ADDRESS					COUNTY BUILDED STATE /5								
CITY		STATE	AS LO	8	SERVICE CI	0 00 00	250	572 °					
AUTHORIZED E	BY		3		JOB TYPE:	C/) U	v Lan	1 5 Dring					
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				MAT	ERIALS		%TAX						
			J					TOTAL					

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:



## TREATMENT REPORT

Customer	3riffir	n 1/	Man	270 3	A9. P1	ease No.			i minim	College State	- AMERICAN	Date						
Lease C) /	1 R			7	V	/ell#	2					1	Ø = ,	20.	17			
Field Order	# Statio	nρ,	aTT					Casing	5 % De	epth =	650	Count	y 13	rber	art.	Sta	ate page	
Type Job	nw			T 7'11)	Cr	***************************************			Forma			<u> </u>	3-m H		escription		1 72	
PIP	E DATA		1	FORA	r e	DATA		FLUID	USED	T			TDEAT	TMENT	DECLIN	<b>4</b> E		
Casing Size	Tubing Si	ize	Shots/F				Acid					TREATMENT RESUME  RATE   PRESS   ISIP						
Depth 3/50	Depth		From		То		Pre Pad Max						2		5 Min.			
Volume	Volume From To			Pac	i	1	N	lin:	Name of the last o			10 Min		-				
Max Press	Max Pres	s	From		То		Fra	c		A	vg				15 Min			
Well Connection	on Annulus \	/ol.	From		To				- suttenance		HP Used	1				s Pressi	ure	
Plug Depth	Packer De	epth	From		То	x1	Flus	sh		G	as Volum	ne			Total L			
Customer Rep	presentative	JB				Station	Mana	ager /5	Win .			Trea	iter	200				
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#### JASON MCLEMORE

CELL # 620-6170527

### **General Information**

Company Name CNG K046 Charles Griffen Job Number Contact Jason Mclemore Orr B2 Representative Well Name CNG Unique Well ID DST #1 Elgin 3390-3426 Well Operator 9-32s-12w-Barber Prepared By Jason McLemore **Surface Location** Wildcat Qualified By Bruce Reed Field Vertical Test Unit Well Type

### **Test Information**

Representative Jason McIemore
Test Type Drill Stem Test Well Operator
Formation Elgin Report Date 2013/10/17
Well Fluid Type 01 Oil Prepared By Jason McLemore
Test Purpose (AEUB) Initial Test

 Start Test Date
 2013/10/17 Start Test Time
 11:55:00

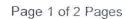
 Final Test Date
 2013/10/17 Final Test Time
 19:46:00

### Test Results

RECOVERED:

310 Frothy Muddy Oil 50%G, 45%O, 5%M

310 TOTAL FLUID





### DIAMOND TESTING, LLC

P.O. Box 157 HOISINGTON, KANSAS 67544 (620) 653-7550 • (800) 542-7313 orrb2dst1

Company Charles N. Griffin		Lease & Well No. Or	r No. B-2		
Elevation 1507 KB Formation Elgin		Effective Pay		- Ft 1	Ticket No. K046
Date 10-17-13 Sec. 9 Twp. 32S	Range_	A CARLO MARKET AND A CARLO MARKE	Barber	State	Kansas
Test Approved By Bruce A. Reed		Diamond Representative	)	Jason McL	emore
Formation Test No1 Interval Tested from _		3,390 ft. to	3 426		3 426
The same of the sa	3/4 in.			Total Depth_	
Supplementary Dr. and Prince	3/4 in.			ft. Size	
Depth of Selective Zone Set	.ex	Packer Depth		ft. Size_	In.
Top Recorder Depth (Inside) 3,3	71 ft.	Recorder Nur	mher	5513 Cap	5,000 <sub>psi.</sub>
	123 <sub>ft.</sub>	Recorder Nur	-	13338 Cap	
Below Straddle Recorder Depth					psi.
Drilling Contractor Maverick Drilling, LLC - Rig 106		Drill Collar Length	-		
Mud Type Chemical Viscosity 48		Weight Pipe Length_			
Weight 8.9 Water Loss 8.0	CC.	Drill Pipe Length			
Chlorides 3,400 P.P.M.		Test Tool Length			
Jars: MakeSterlingSerial Number	7	Anchor Length			
Did Well Flow? No Reversed Out No		Surface Choke Size_			
		Main Hole Size_			ize4 1/2-XH in.
Blow: 1st Open: Strong blow increasing. Off bottom of bucket in					
2nd Open: Strong blow increasing. Off bottom of bucket in	48 secs. Ga	s to surface in 30 mins. Stron	g, 8 in. blow	back during shut-	in.
Recovered310 ft. of frothy, muddy oil = 4.411300 bbls.	(Grind out: 5	0%-gas; 45%-oil; 5%-mud)			
Recovered ft. of					
Recoveredft. of				70	
Recovered ft. of					
Recoveredft. of					
Recovered ft. of					-
Remarks					
Time Set Packer(s) 2:00 P.M. Time Started		EAFRM		V/1000000	P %
Time Started			Maximu	m Temperature	104°
Initial Hydrostatic Pressure.	700.00 SO	1568 P.S.I.			
Initial Flow Period Minutes 30 Initial Closed In Period Minutes 45	(B)	23 P.S.I.	to (C)		<sup>73</sup> P.S.I.
- Williams Sieded in FeriodWilliams	(D)	754 P.S.I.			
	(E)	99 P.S.I	to (F)		136 <sub>.</sub> P.S.I.
The stock in the free man will late 5	(G)	759 P.S.I.			
Final Hydrostatic Pressure	(H)	1555 P.S.I.			

