

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1165758

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

OPERATOR: License #		API No. 15
Name:		Spot Description:
Address 1:		
Address 2:		Feet from North / South Line of Section
Citv: Sta	ate: Zip:+	Feet from Fast / West Line of Section
		Footages Calculated from Nearest Outside Section Corner:
, , , , , , , , , , , , , , , , , , ,		County:
		Lease Name: Well #:
		Field Name:
C C		
Purchaser:		Producing Formation:
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:
New Well Re-I	Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW	SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG	GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:
Cathodic Other (Core,	Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info	o as follows:	
Operator:		Drilling Fluid Management Plan
Well Name:		(Data must be collected from the Reserve Pit)
Original Comp. Date:	Original Total Depth:	Chlorida contenti
Deepening Re-perf.	Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Conv. to GSW	Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	Operator Name:
Dual Completion	Permit #:	Lease Name: License #:
SWD	Permit #:	
ENHR	Permit #:	Quarter Sec TwpS. R East West
GSW	Permit #:	County: Permit #:
GSW Spud Date or Date Read 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								
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	1165758				
Operator Name:	Lease Name:	Well #:				
Sec TwpS. R East West	County:					

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Shee	ets)	Yes	No	Lo	•	n (Top), Depth an		Sample
Samples Sent to Geologi	cal Survey	Yes	No	Nam	Ð		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted El (If no, Submit Copy)	lectronically	☐ Yes ☐ ☐ Yes ☐ ☐ Yes ☐						
List All E. Logs Run:								
		CA	SING RECORE	D Ne	w Used			
		Report all string	gs set-conductor,	surface, inte	rmediate, product	ion, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		/eight s. / 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 Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					)e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	<b>λ</b> .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITION OF GAS: METHOD OF COMP			OF COMPLE	TION:		PRODUCTION INT	ERVAL:			
Vented Sold Used on Lease				Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)						
(If vented, Sub	omit ACC	)-18.)		Other (Specify)						

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

Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	Herman Trust 5-34
Doc ID	1165758

Tops

Name	Тор	Datum
Anhy	2158	+360
B/Anhy	2198	+320
Topeka	3600	-1082
Heebner	3818	-1300
Toronto	3840	-1322
Lansing	3855	-1337
B/KC	4078	-1560
LTD	4151	-1632

## QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107 0004

Phone 785-483-2025	AND THE AREA AND A DECK. THE AREA ADDRESS.	1201 A. 2015	ox 32 Russell,	KS 67665	5 No.	662T
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## QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107 No. 0787

Home Office P.O. Box 32 Russell, KS 67665

Phone 785-483-2025 Cell 785-324-1041

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# QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107 No. 6768

Home Office P.O. Box 32 Russell, KS 67665

Phone 785-483-2025 -----

Cell 785-324-1041					and a state of the	of the second	Finish		
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