Confidentiality Requested: Yes No

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

1166466

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:, (e.gxxx.xxxxx)				
Name:	Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
☐ GG ☐ 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)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
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 Approved by: Date:

	Page Iwo	1166466
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Changing and the stand of formations penatrated D	atail all aaraa Bapart all final	agniag of drill atoms toots giving interval tootod, 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 Sheets)		Yes No		-	on (Top), Depth a			
Samples Sent to Geolog	gical Survey	Yes No	Name	9		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
			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:	Depth	Tupo of Comont	# Socks Llood		Type and [Paraant Additivaa		

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
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

Yes	No	(If No, skip questions 2 and 3)
Yes	No	(If No, skip question 3)
Yes	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						ement Squeeze Record d of Material Used)	Depth	
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENH	٦.	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 Uented Solo (If vented, Su	L t	Used on Lease		Open Hole Other <i>(Specify</i>	Perf.	OF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION INTE	⊰VAL:

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

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	· W	\checkmark	r		

TICKET NUMBER_	44795
LOCATION Oxid	awa KS
FOREMAN Fre	& mader

FIELD TICKET & TREATMENT REPORT

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

CONSOLIDATED

-			
C	EM	EN.	

010 101 0210							
DATE	CUSTOMER #	WELL NAME 8	NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10.24.13	7823	Savage 4	<i>#</i>	5	/ 8	21	FR
CUSTOMER		- ·					
	un 0,1 (<u>ö</u> ,		TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE				712	Fremad		
	the second se	287th St.		495	Harber		
CITY		STATE ZIP COE	DE	503	DanDet		
Paola		KS 660)7(
JOB TYPE_	mastring	HOLE SIZE	HOLE DEPT	т <u>702</u>	CASING SIZE & W	EIGHT 278	EVE
CASING DEPTH	1693 t	DRILL PIPE Pin	MTUBING_	0 688		OTHER	
SLURRY WEIGH	r	SLURRY VOL	WATER gal/	/sk	CEMENT LEFT In	CASING 5'Y	L plug
DISPLACEMENT	<u>4386</u>	DISPLACEMENT PSI	MIX PSI		RATE 4BPA	1	
REMARKS: H	old aver	u sately me	etro. E.	stablish. a	inculation	. Mix+ f	Domp
100 #	· Gel Flu.				50 for Mi		
270 6	el. Came	ux to SUV	Face. Flu	sh sum	A X Lines C	lean,	
Disp		Rubber plu					00# PS1.
	Ym Casi	,			0		······
		0					

Customer Supplied Water.

2 Made

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE 4/9	5	1065
5406	15mi	MILEAGE 49	5	6300
5402	693	Casing Footage		N/C V
5407	Minimuna	Ton Miles 50-	3	36800
5				
		· · · · · · · · · · · · · · · · · · ·		
1124	106 SKS	50/50 for Mir Coment		121900
1118B	27E#	Premium Gel		611/2
4402		21/2° Rubber Plug		2950
-100	<u> </u>			

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		7.65%	SALES TAX	100 19
ín 3737	α	·	ESTIMATED	2925 25
	Statt Kupland	TITLE Priller	TOTAL DATE_ <i>10-2</i>	4.723

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.