



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1170234
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- 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:

Operator: _____

Well Name: _____

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 #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

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:

Operator Name: _____

Lease Name: _____ License #: _____

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: _____

1170234

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? 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	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

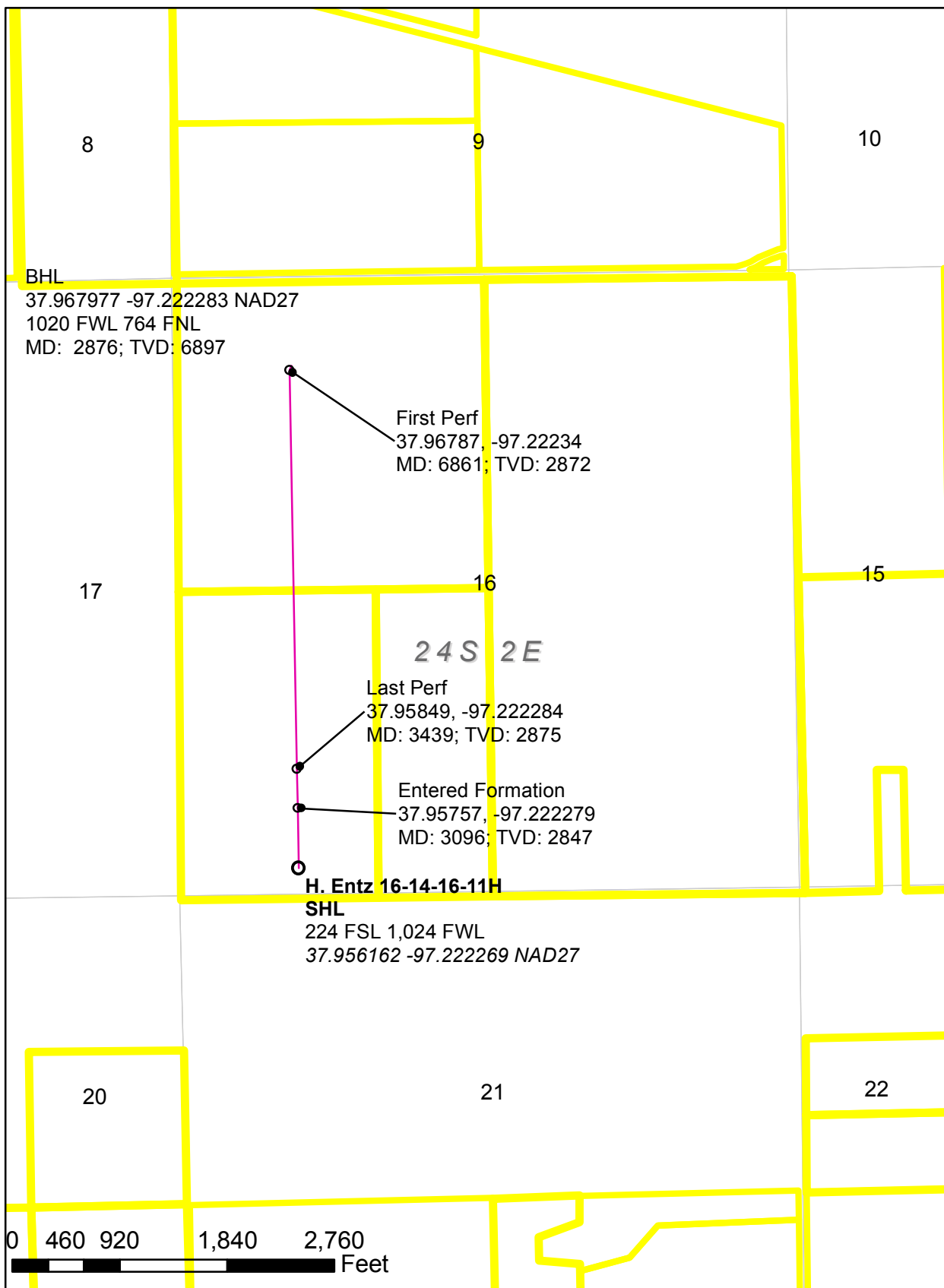
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Source Energy MidCon, LLC Horiz Completion (NAD27)

H. Entz 16-14-16-11H

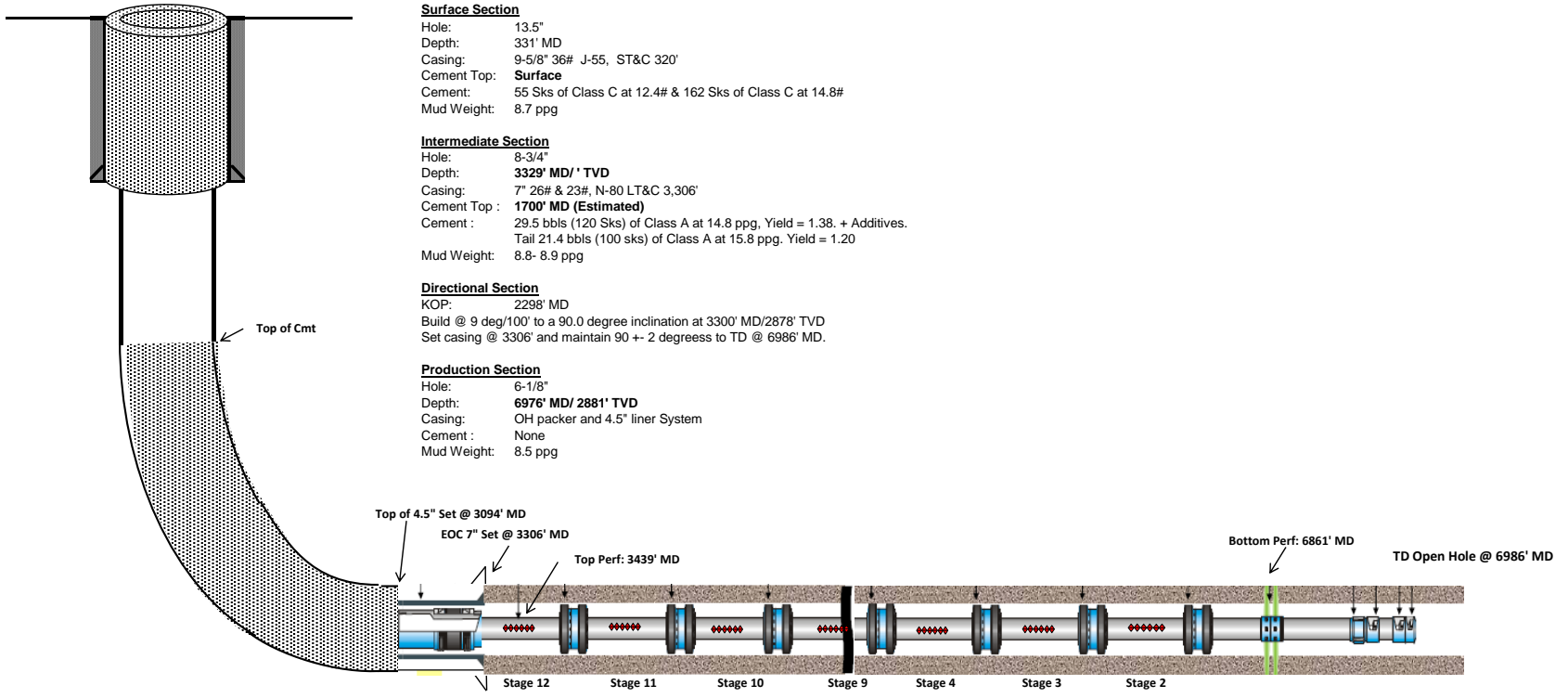


H.Entz 16-14-16-11H

As Drilled Wellbore Diagram - NOT TO SCALE



Updated: 10/31/2013 (Mark Bush) (Jeff Dolan)
Location: Section 16 Township 24S Range 2E, Harvey County, Kansas
Field:
API Number: 15-079-20702-01-00 Elevations: GL 1,408
Target Zone: Upper Mississippian KB 1421
SPUD Date: 09/24/2013 @ 0630 hrs KB 13
Burgess Sand @ 3,094' /2846' MD/TVD





Service Contract Receipt
SCHLUMBERGER TECHNOLOGY CORPORATION

Service Contract Number
C1YQ-00364

Invoice Mailing Address: SOURCE ENERGY MIDCON LLC 1605 SHEA CENTER DR., STE 100 HIGHLANDS RANCH CO 80129 United States		Left District	Date: 24-Sep-2013	Time: 12:00 PM
Customer PO		Contract	Arrive Location	Date: 24-Sep-2013
AFE		Cost Ref	Start Job	Time: 5:00 PM
Customer or Authorized Representative Source Energy Repersanitive		Schlumberger Location El Reno, OK	Complete Job	Date: 24-Sep-2013
API / UWI 15079207020100		Pricebook ARDX / WSV_GEOREF_USL_2009_USD_v1	Leave Location	Time: 8:15 PM
Service Instructions: Provide equipment, materials, services and personnel to safely cement 9 5/8" surface casing per customer approval. Pump 20 bbl water, 55 sbs lead cement @ 12.40 ppg, 96 sbs tail slurry @ 14.80 ppg, drop top plug and displace per client specifications.		Well Name & Number H ENTZ 16-14-16-1	Arrived District	Date: 24-Sep-2013
		Field GINGRASS	Time: 9:00 PM	
		County / Parish / Block / Borough Harvey	Service Description Cementing Primary, Primary Surface	Date: 24-Sep-2013
		State / Province KS	Legal Location	Date: 25-Sep-2013
		Rig HWD #7		Time: 3:00 AM

WELL NAME H. ENTZ
 Well/AFE# 16-14-16-11H / 100-71D
 GL ACCT _____ AMT \$ _____
 GL ACCT 830.100 AMT \$ 12,045.33
 EXCELLENT GOOD FAIR POOR
 DESCRIPTION Surface Cat
 SIGNATURE [Signature] DATE 9-29-13
 SUPERVISOR Steve Godfrey
FJK

ONLY
 10/10/13

[Red Signature]
 10/10/13

Estimated Total (USD): **12,045.33**

THE ESTIMATED CHARGES AND DATA SHOWN ABOVE ARE SUBJECT TO CORRECTION BY SCHLUMBERGER.

THE SERVICES, EQUIPMENT, MATERIALS AND/OR PRODUCTS PROVIDED BY THIS SERVICE CONTRACT RECEIPT HAVE BEEN PERFORMED OR RECEIVED AS SET FORTH ABOVE.

Signature of Customer or Authorized Representative: Validity unknown <u>[Signature]</u> Source Energy Repersanitive	Date _____	Signature of Schlumberger Representative: Validity unknown Signed by Anthony Gucci 24-Sep-2013 21:44:42 <u>[Signature]</u> Anthony Gucci	Date _____
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9/30/2013



500000730

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Source	State, County	Harvey , Kansas	Cement Type	CLASS A
Job Type	Intermediate	Section	16	Excess (%)	20
Customer Acct #	0	TWP	24	Density	14.8 / 15.8
Well No.	H. Entz 16-14-16-11 H	RGE	2	Water Required	6.0 / 4.61
Mailing Address	0	Formation	0	Yeild	1.38 / 1.20
City & State	AFE# 100-71D	Tubing	0	Sacks of Cement	120 / 100
Zip Code	0	Drill Pipe	0	Stuny Volume	29.5 bbl / 21.4 bbl
Contact	0	Casing Size	7" (23#)	Displacement	128.3
Email	0	Hole Size	8 3/4"	Displacement PSI	400-600
Cell	0	Casing Depth	3311.31'	MIX PSI	200
Dispatch Location	BARTLESVILLE	Hole Depth	46.27'	Rate	4-5 bpm

Time:	Description	Rate (bpm)	Volume (bbl)	Pressure	Notes

Amount of Cement Left in Casing

Remarks:

Held safety meeting, rig up to cement. Pressure test lines to 3000#. Pumped 10 bbl of mud flush and 10 bbl water spacer and established circulation.

Ran 120 sx of cement w/ 3% gel, 2% calcium, 5# kol seal @ 14.8 ppg for Lead and 100 sx of cement w/ 3% gel, 2% calcium, 5# kol seal @ 15.8 ppg for Tail. Dropped plug and displaced 128.3 bbl to land plug. Landed plug @ 1600#, 1000# over lift. Flowed back 3/4 bbl and held. Shut down and washed up.

Lift pressure 600# / Landed plug @ 1600# @ 10:05 pm / TOC @ approx. 1720'.

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
Jay Scott Emler, Commissioner

Sam Brownback, Governor

January 27, 2014

Elizabeth Habermehl
Source Energy MidCon LLC
1805 SHEA CENTER DR., STE 100
HIGHLANDS RANCH, CO 80129

Re: ACO-1
API 15-079-20702-01-00
H.Entz 16-14-16-11H
SW/4 Sec.16-24S-02E
Harvey County, Kansas

Dear Elizabeth Habermehl:

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 09/24/2013 and the ACO-1 was received on January 23, 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