

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1174036

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
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 III Approved by: Date:

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an		Samp	
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Datur	n
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
				RECORD	☐ Ne					
				conductor, su	rface, inte	ermediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and P Additiv	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	35p 2310111									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)	(# 100 t)	
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cement			Depth
	. ,							,		
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	Gr	ravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL:	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIV IIV I LTIVAL.	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)			

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Fracture Date:	10/14/2013	
County:	Barber	
Operator Name:	Dixon Energy	
Well Name and Number:	Lonker #3	
Total Base Fluid Volume (gal)*:	365600	

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25%	0.0175055%
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10%	0.0025164%
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50%	0.0125821%
Claymax	Chemplex	Clay Stabalizer	No hazardous ingredient	N/A	0%	0.0000000%
AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0049000%
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0014040%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.5000000%
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0.6000000%
Frac Sand	Uniman	Propant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	19.3%



TREATMENT REPORT

Customer	Xon En	PIGN	inc	Lease N	o.				Date O	1.7										
	riker	1 .	De la constantina	Well #	3				1.	-13	• *									
Field Order #	Station	np(a++	,			Casing	5/8 Dept	th 225.10	County BA	1Ber		State K 5								
Type Job	CUM	50			<u>-</u>		Formation			Legal De	escription /	6-32-12								
PIPI	E DATA	PEF	RFORATI	NG DATA	1	FLUID	JSED		TREA	ATMENT	RESUME									
Casing Size 5	Tubing Si	ze Shots	/Ft		Acid	- 60/	10 POZ	3% (RATE PRI	SS	ISIP									
Depth 725 I	u Depth	From		 Го		Pad	<u> </u>	Max	77 -	•	5 Min.									
Volume LL	Volume	From	1	Го	Pad		'	Min			10 Min.									
Max Press	Max Pres	s From		Го	Frac			·Avg			15 Min.									
Well Connection		/ol. From	1	Го				HHP Used	1		Annulus P	ressure								
Plug Depth こりく・1	Packer Do	epth From	1	Го	Flus	<u> </u>	3	Gas Volun	ne		Total Load									
Customer Rep	resentative	T.J.	Dixun	Stati	on Mana	ager Ke	vin Go	oley	Treater /	TIKE 1	14119	1								
Service Units	37506		2746			19960	21010	,												
Driver Names	MATTAL		Young	,		BAC	10 N	<u> </u>												
Time	Casing Pressure	Tubing Pressure	Bbls. I	umped	ļ	Rate			Service Log											
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TREATMENT REPORT

Customer	XON E	. ر جس	1 500	c)	Lo	ease No.		*****				Date											
Locas	NON C		<u> </u>	,Ž	۱,	/ell #2				•			-a-	17	-13								
Field Order #	Station	1						Casing	_ D	epth	<u></u>	Count) 1347.	(/35/5	,	State	,						
Type Job	υW.	_<,	1/2 6	nuc S	را بیریمن	7			Forma			<u> </u>	,,,,,	Legal	Description	-/2							
	DATA			ORAT			,	FLUID	USED				TREA		T RESUM								
Casing Size	Tubing Siz	ze	Shots/F				Aci					RATE	PRE	SS	ISIP								
Depth Jo	Depth		From		То		Pre	Pad		•	Мах		<u> </u>		5 Min.								
Volume	Volume		From		To		Pad	d			Min				10 Min.								
Max Press	Max Press	;	From		To		Fra	ic .	-		Avg				15 Min.		<u> </u>						
Well Connection	Annulus V	ol.	From	1	To						HHP Use	d			Annulus	Pressu	e						
Plug Depth	Packer De	pth	From		То		Flu	sh			Gas Volu	me			Total Loa	ad							
Customer Repr	esentative		,			Station	Man	ager pho	IF Sect	rt		Trea	ater /2	oben	1 /1//	0)						
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Mud-Co / Service Mud Inc.

	<u> </u>			316/26		-		MUD-																							9/17 4850		\vdash	9/14 1935	9/11		feet	DATE DEPTH	Stockpaint	COILLACIO	Contractor	Well	Operator
	DRILLING MUD RECAP			316/264-2814 Fax: 316/264-5024	Wichita, Ks. 67202	100 S. Main Suite #310		MUD-CO / SERVICE MUD INC.									T		-	-														5 10.0	0		lb/gal	HEIGHT	PRA		\ <u>\</u>	#3 E	DIXO
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		harge									300 BBL	Reserve Pit, Chl content ppm:																			LTD - 4840'.						REMARKS AND TREATMENT		Total Depth				8 5/8
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