

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1182016

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 II III Approved by: Date:												

Page Two



Operator Name:			L	ease Name: _			Well #:			
Sec Twp	S. R	East We	est C	County:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott				
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log		
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample		
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum		
Cores Taken Electric Log Run		Yes Yes	No No							
List All E. Logs Run:										
		(CASING REC	ORD Ne	w Used					
		· ·		ıctor, surface, inte	ermediate, producti		T			
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD					
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives			
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lag on zono										
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)		
Does the volume of the to		•				_	o question 3)	(" 100 ")		
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)		
Shots Per Foot		ION RECORD - Bri Footage of Each Int			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) De					
	, ,				,		,			
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:					
						Yes No				
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity		
DIODOCITI	ON OF CAS:		RACT!!		TION		DRODUCTIO	AN INTEDVAL.		
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PHODUCIIC	ON INTERVAL:		
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)				

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Karen Cunningham 1
Doc ID	1182016

Tops

Name	Тор	Datum
Lansing	3792	-2233
Stark	4174	-2615
B/KC	4264	-2705
Mississippi	4364	-2805
Kinderhook	4519	-2960
Viola	4629	-3070
Simpson	4723	-3164
Sand	4754	-3195



SERVICE

REPRESENTATIVE

FIELD SERVICE ORDER NO.

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 09689 A

DATE OF	PRESSURE P	UMPING & WIRELINE		52 C	NEW 🔀	OLD I	DATE	TICKET NO.	- 0	ICTOMED	
JOB 12 -	29-13	DISTRICT PROH KC	WELL X	WELL -	PROD IN	J WDW	□ GF	ISTOMER RDER NO.:			
CUSTOMER	6Ritten) - masagem	LEASE	DESKY	Cayour	Solimone	4	WELL NO.	3		
ADDRESS	#		V	29	COUNTY	BARBER	C	STATE	\$5		1.
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

FIELD SERVICE TICKET 1718 09343 A

Phone 620-672-1201

		VIFING & WINELINE	, s 3.		9 9 9	N E	DATE	TICKET NO	0 8					
DATE OF 12-	19-13	DISTRICT PraTT			WENT A	OLD	PROD INJ	□ wow □ 8	DRDER NO.:	11 33				
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SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X (Mell & James (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer Gr	iffe	n	Mar	nuu ei	n ene N	lo.		e i		Date	5 G G H	- 100					
Lease Kar	en Ci	inn	ine	Ham	Well #	ak i * I	E- 30 3	75.00 p	3	12:	19-13)	2 8 1 x				
Field Order #	Statio	nPr	911		e	•	Casing	85/8 Dep	th	County	Barber	,	State K5				
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	DATA				ING DATA	\	FLUII	USED		TE	REATMENT						
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