Confidentiality Requested: Yes No

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

1182637

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

Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from  North / South Line of Section
Phone: <ul> <li>NE</li> <li>NW</li> <li>SW</li> </ul> Phone: <ul> <li>NE</li> <li>NW</li> <li>SW</li> <li>Personal</li> <li>SW</li> <li>Permit #:</li> <li>SW</li> <li>SW</li></ul>	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR:       License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	
Name:       (e.g. xxxxxx)       (e.g. xxxxxx)       (e.g. xxxxxx)         Wellsite Geologist:	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Purchaser:	Wellsite Geologist:	
Designate Type of Completion: <pre></pre>	Purchaser:	,
New Well       Re-Entry       Workover         Oil       WSW       SWD       SIOW         Gas       D&A       ENHR       SIGW         OG       GSW       Temp. Abd.       Elevation: Ground:       Kelly Bushing:         CM (Coal Bed Methane)       Coth (Coal Bed Methane)       Elevation: Ground:       Kelly Bushing:         CAthodic       Other (Core, Expl., etc.):       Multiple Stage Cementing Collar Used?       Yes No         If Workover/Re-entry:       Old Well Info as follows:       Feet         Operator:       Well Name:       Feet         Original Comp. Date:       Original Total Depth:       Feet         Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD         Plug Back       Conv. to GSW       Conv. to Producer       Chloride content:       ppm Fluid Management Plan         Dual Completion       Permit #:       Exerct       Chloride content:       ppm Fluid volume:       bbls         Dewatering method used:       Location of fluid disposal if hauled offsite:       Operator Name:       East	Designate Type of Completion:	Lease Name: Well #:
Producing Formation:         Oil       WSW         Oil       WSW         Gas       D&A         OG       GSW         OG       GSW         Charles       SIGW         Code       GSW         Cathodic       Other (Core, Expl., etc.);         Cathodic       Other (Core, Expl., etc.);         If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set:         Operator:       Well Name:         Original Comp. Date:       Original Total Depth:         Original Comp. Date:       Original Total Depth:         Deepening       Re-perf.         Conv. to GSW       Conv. to SWD         Dual Completion       Permit #:         Dual Completion       Permit #:         SWD       Permit #:         GSW       Permit #:         GSW       Permit #:         Charles or       Date Reached TD         Completion Date or       Date Reached TD	New Well Re-Entry Workover	Field Name:
Gas D&A ENHR SIGW   OG GSW Temp. Abd.   CM (Coal Bed Methane) Total Vertical Depth:   Cathodic Other (Core, Expl., etc.):   If Workover/Re-entry: Old Well Info as follows:   If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Conv. to GSW Conv. to Freducer Chloride content: Multiple Stage Cementing Collar Used? If Atternate II completion, cement circulated from: Feet If Atternate II completion, cement circulated from: Feet If Atternate II completion, cement circulated from: Feet If Atternate II completion, cement circulated from: Conv. to GSW Conv. to Forducer Chloride content: Well Name: Completion Permit #: Syud Date or Date Reached TD Completion Date or Date Reached TD Completion Date or Sud Date or Date Reached TD Completion Date or Sud Date or Date Reached TD Completion Date or Sud Date or Date Reached TD Completion Date or Sud Date or Date Reached TD Completion Date or Sud Date or Date Reached TD Completion Date or Sud Date or Date Reached TD Completion Date or Sud Date or Date Reached TD Completion Date or Sub Date or Date Reached TD Completion Date or Sub Date Reached TD Completion Date or Sub Date Reached TD Completion Date or Completion Date or		Producing Formation:
OG       GSW       Temp. Abd.         CM (Coal Bed Methane)       Total Vertical Depth: Plug Back Total Depth:         Cathodic       Other (Core, Expl., etc.):         If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set:         Operator:       Original Total Depth:         Well Name:       Original Total Depth:         If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set:         Operator:       Original Total Depth:         Well Name:       Original Total Depth:         Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD         Plug Back       Conv. to GSW       Conv. to Producer       (Data must be collected from the Reserve Pit)         Chloride content: ppm Fluid volume: bbls       Dewatering method used:       Dewatering method used:         SWD       Permit #:       Location of fluid disposal if hauled offsite:       Operator Name:         GSW       Permit #:		Elevation: Ground: Kelly Bushing:
CM (Coal Bed Methane)       Amount of Surface Pipe Set and Cemented at: Feet         Cathodic       Other (Core, Expl., etc.):       Multiple Stage Cementing Collar Used? Yes No         If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set: Feet         Operator:       Original Total Depth:       Feet         Well Name:       Original Total Depth:       feet depth to:       w/		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.):   If Workover/Re-entry: Old Well Info as follows:   Operator:		Amount of Surface Pipe Set and Cemented at: Feet
Operator:		Multiple Stage Cementing Collar Used?
Well Name:	If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
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 #:       Chloride content:       ppm         Dual Completion       Permit #:       Devermit #:       Dev	Operator:	If Alternate II completion, cement circulated from:
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 #:	Well Name:	feet depth to:w/sx cmt.
Plug Back       Conv. to GSW       Conv. to Producer       (Data must be collected from the Reserve Pit)         Commingled       Permit #:		
Plug Back       Conv. to GSW       Conv. to Producer       (Data must be collected from the Reserve Pit)         Commingled       Permit #:       ppm       Fluid volume:       bbls         Dual Completion       Permit #:       bbls       Dewatering method used:       bbls         SWD       Permit #:       Location of fluid disposal if hauled offsite:       bbls         GSW       Permit #:       Operator Name:       Lease Name:       License #:         Spud Date or       Date Reached TD       Completion Date or       Guarter       Sec.       Twp.       S. R.       East West	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled       Permit #:         Dual Completion       Permit #:         SWD       Permit #:         ENHR       Permit #:         GSW       Permit #:         Operator Name:       Lease Name:         Lease Name:       License #:         Quarter       Sec       TwpS. R	Plug Back Conv. to GSW Conv. to Producer	
Dual Completion       Permit #:         SWD       Permit #:         ENHR       Permit #:         GSW       Permit #:         Operator Name:       Lease Name:         Lease Name:       License #:         Quarter       Sec         Twp       S. R		Chloride content: ppm Fluid volume: bbls
SWD       Permit #:       Location of fluid disposal if hauled offsite:         ENHR       Permit #:       Operator Name:         GSW       Permit #:       Lease Name:         Spud Date or       Date Reached TD       Completion Date or		Dewatering method used:
ENHR       Permit #:       Operator Name:         GSW       Permit #:       Lease Name:         Spud Date or       Date Reached TD       Completion Date or		Logation of fluid dianopal if hould offeite:
GSW       Permit #:       Operator Name:       Lease Name:       Lease Name:         Spud Date or       Date Reached TD       Completion Date or       Quarter Sec TwpS. R East West		Location of huid disposal if hadied offshe.
Spud Date or       Date Reached TD       Completion Date or         Lease Name:       License #:         Quarter       Sec.       Twp.         Spud Date or       Completion Date or		Operator Name:
Spud Date or Date Reached TD Completion Date or		Lease Name: License #:
	Soud Date or Date Beached TD Completion Date or	Quarter Sec TwpS. R East West
	- Free contraction of the contra	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	1182637
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated De	tail all aaraa Bapart all final	apping of drill stome tools giving interval toolad, 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		-			Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	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			
Purposo:	Denth						

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

No

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

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

(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					e		Acid, Fracture, Shot, Ce (Amount and Kind	ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	re:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHR.		Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbls	5.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLE						PRODUCTION IN	TERVAL:			
Vented       Sold       Used on Lease       Open Hole       Perf.       Dualt         (If vented, Submit ACO-18.)       Other (Specify)					,	Commingled (Submit ACO-4)				

Form	ACO1 - Well Completion
Operator	Alton Oil LLC
Well Name	Steffen Unit 3
Doc ID	1182637

All Electric Logs Run

Dual Induction
Compensated Density-Micro
Gamma-Neutron
Sonic Bond

ep 10 13 01:48	3p					p.	.2
	NSOLIDATED				TICKET NUM	180	623
O Box 884, Chu	anuta, KS 66720 FIE	LD TICKET	& TREAT		PORT	• • •	
20-431-9210 or			CEMEN		5-035-24	520-00	-00
DATE		L NAME & NUMBE	ER	SECTION	TOWNSHIP	RANGE	COUNTY
9/9/13	1108 Steffe	n Unit :	#.3	16	33	4	COWLEY
USTOMER	· · · · · · · · · · · · · · · · · · ·		-			the second se	dia and a state
Alton O	<u> </u>		2	TRUCK #	DRIVER	TRUCK #	DRIVER
				4.67	ROD M		
fo Box	ISTATE			491	Jerald D		
		67156		471	Jeff 9	<u> </u>	
Winfield DB TYPE SUR						1	<u> </u>
					CASING SIZE &		<u>Y</u>
ASING DEPTH			TUBING			OTHER	
URRY WEIGHT				(		CASING	
ISPLACEMENT_			MIX PSI		RATE		
1% gel ;	fety Meeting, b Vy Poly flake	lisplaced	with	136515 F	esh ugter	A	
ACCOUNT	QUANITY or UNITS	DESC		SERVICES or PR			TOTAL
SHOLS		PUMP CHARGE				870,00	
							\$70,00
40.6	54	MILEAGE	179 E.			4.20	226.80
407A	1.5	Ton Mile	and 1	eline.rx		1.41	456,84
			June	and and a start of the start of		<u> </u>	

,170.00	24	MEEAGE	7.20	446.80
5407A	late	Ton Milegge delivery Class A cement	1.41	456.84
11045	1205Ks	ClassA cement	15.70	1884.00
1102	2 88/63	calcium charide	,78	224,644
11180	240165	Gel	,22	
1107	7.5135	Polyflake	2.47	185.25
		2008		3900.33
avin 3737 ·			SALES TAX ESTIMATED	150.60
	U Dote	TITLE TOO/ Pusher	TOTAL	4050.53

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.

	<b>SN</b>	TERE	ID) -			
	50		<u>س</u>		ER 43	152
CONSOLIDATED					RD	
Of Well Services, LLC					NOAU ST	nom
FIEL		& TREAT				
PO Box 884, Chanute, KS 66720 FIEL 620-431-9210 or 800-437-8676	DINOREI	CEMEN		15-175-1	145.00	
	NAME & NUMB		SECTION	TOWNSHIP	RANGE	COUNTY
9-14-13 1188 94060	1) 01	#3		27 0	115	1
CUSTOMER	D LAST	3	16	335	70	Levier
ATTON UPI LLC		1	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			603	Therewy 4		
H.D. Box III		Í	681	Lalen 4		
CITY DO COO STATE	ZIP CODE		692	TRACI		
Whotield 95	67156		539	LARRY		
JOB TYPE ARD B HOLE SIZE	78	HOLE DEPTH	3410	CASING SIZE & W	EIGHT	15215
CASING DEPTH 3389 DRILL PIPE		TUBING			OTHER PLD	+ 3378
SLURRY WEIGHT 14,5 SLURRY VOL	39.44	WATER gal/sk	6712	CEMENT LEFT in		#
DISPLACEMENT 80.39 DISPLACEMENT	PSI 725	MIX PSI /A	5	RATE 6.28		D
REMARKS: PROSEN UP & Bud	- C90	an lanta	ba) - tul	MARD 10 h	1 Fors	humber
Par - WELED 150 de A-	+ 3% G	0+27	h CACLD.	+ 51bs X	al-seal .	
Hushen fomp & lives	- 19:4	03220	Oher with	eth, 80,1-2	bols w	AFER
Intro plus Que art 117	OINS.	- D.Q.	MANE	- + +	$\overline{\Omega}$	
- Hurlin al III	1			Citro		

.

	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
2401		PUMP CHARGE	1085.00	1085.00
5406	52.	MILEAGE	420	218,40
2402	889	Footage	,23	804,47
11045	150	sks A	15.70	2355.00
1102	240	1bs CACh 2	, 78	187,20
1118B	450	1bs Bel	,22	99.00
IIDA	750	ibs Kol-seal	140	345.00
SNOTA	52	Bulk Defuguly X 7.5 tous X	1,45	549,90
5502C	1	80 VAL	90,00	360.00
4159		52 AFU Flourt Shoe	361,00	3600 -
4454		JE hatch down	2lder TJ	266.75
4104	2	52 Baskets	290.00	580.00
4136	8	52 TUDRO Cent:	75.75	606.00 V
			/	
		1. Actu		7217.72
		21-2412	SALES TAX	307.14
Ravin 3737	MU MI	0100 110	ESTIMATED TOTAL	1524.91
AUTHORIZMON		TITLE	DATE	

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.

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 24, 2014

Michael A. Pressnall Alton Oil LLC PO BOX 117 WINFIELD, KS 67156-0117

Re: ACO-1 API 15-035-24520-00-00 Steffen Unit 3 NE/4 Sec.16-33S-04E Cowley County, Kansas

Dear Michael A. Pressnall:

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 09/09/2013 and the ACO-1 was received on January 18, 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**