Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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:			Sec TwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	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-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			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:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents at	D		Chloride content: ppm Fluid volume: bbls
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
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:

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in preith final chart(s). Attach	ssure reached stati	c level, hydrosta	tic pressures, bott		
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-log	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			n (Top), Depth an		Sample
Samples Sent to Geol	ogical Survey	☐ Yes ☐ No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o			on, 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 / SQL	EEZE RECORD	I	1	
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Po	ercent Additives	
Perforate Protect Casing Plug Back TD	тор вошот						
Plug Off Zone							
Does the volume of the to	•	n this well? aulic fracturing treatment ex submitted to the chemical o		Yes [Yes [Yes [No (If No, ski)	o questions 2 and properties of question 3) out Page Three	
Shots Per Foot		N RECORD - Bridge Plug			cture, Shot, Cement		
S.13.6 Y 3. Y 33.	Specify Fo	ootage of Each Interval Perf	orated	(Ar	nount and Kind of Ma	terial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er Bl	bls. G	ias-Oil Ratio	Gravity
				T.O.		DE 0-11-	
DISPOSITION Vented Sold	ON OF GAS: Used on Lease	Open Hole	METHOD OF COMPLE Perf. Dually		nmingled	PRODUCTIO	ON INTERVAL:
(If vented, Sub		Other (Specify)	(Submit A		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Nemaha Oil and Gas LLC
Well Name	Lampson 3B-23-32-9H
Doc ID	1184010

Tops

Name	Тор	Datum	
Penn	512	562	
Douglas	611	463	
Lansing	1147	-73	
PennC	1362	-288	
Penn D	1433	-359	
Kansas City Group	1523	-449	
Lenepah	1650	-576	
Altamont	1711	-637	
Pawnee	1814	-740	
Lebette	1842	-768	
Ft Scott	1853	-779	
Cherokee	1899	-825	

Form	ACO1 - Well Completion
Operator	Nemaha Oil and Gas LLC
Well Name	Lampson 3B-23-32-9H
Doc ID	1184010

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth	
6	2615'	1680 GA, 19,866 Gxlink, 517,000 scf N2, 74,961# 20/40 White	1870' TVD	
6	2811' 840 GA, 20,286 Gxlink, 520,000 scf N2, 75,170# 20/40 White		1870' TVD	
6	3049'	840 GA, 23,814 Gxlink, 595,000 scf N2, 74,8260# 20/40 White	1869' TVD	
6	3287'	840 GA, 20,454 Gxlink, 516,000 scf N2, 75,176# 20/40 White	1868' TVD	
6	3524'	840 GA, 21,000 Gxlink, 527,000 scf N2, 74,794# 20/40 White	1866' TVD	
· · · · · · · · · · · · · · · · · · ·		Gxlink, 476,000 scf N2, 75,304# 20/40	1863' TVD	
6	3999'	20,958 Gxlink, 518,000 scf N2, 82,105# 20/40 White	1867' TVD	
6 4237'		20,160 Gxlink, 526,000 scf N2, 80,112# 20/40 White	1869' TVD	

Form	ACO1 - Well Completion
Operator	Nemaha Oil and Gas LLC
Well Name	Lampson 3B-23-32-9H
Doc ID	1184010

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth		
6	4475'	18,228 Gxlink, 494,000 scf N2, 79,155# 20/40 White	1870' TVD		
6	4712'	19,026 Gxlink, 494,000 scf N2, 79,088# 20/40 White	1872' TVD		
6	4950'	20,832 Gxlink, 483,000 scf N2, 75,032# 20/40 White	1872' TVD		
6	5188'	2100 GA, 43,722 GXlink, 60,606# 30/50 Brady	1871' TVD		
6	5426' 1765 GA, 41,538 GXlink, 56,490# 30/50 Brady		1872' TVD		
6	5664'	1600 GA, 36,414 GXlink, 44,772# 30/50 Brady	1874' TVD		
6	5901'	1500 GA, 37,590 GXlink, 55,314# 30/50 Brady	1873' TVD		
6 6109'		1500 GA, 44,856 GXlink, 57,246# 30/50 Brady			

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date:	11/18/2013	
County:	Chautauqua	
API Number (14 Digits):	15-019-27324-0100	
Operator Name:	Nemaha Oil & Gas, LLC	
Well Name and Number:	Lampson 3B 23-32-9H	
Latitude:	37.25794821	
Longitude:	-96.3828745	
Datum:	NAD27	
Production Type:	Oil	
True Vertical Depth (TVD):	1875'	
Total Base Fluid Volume (gal)*:	186,816	



Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier Questa Energy	Purpose Carrier/Base Fluid	Ingredients Water	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
exsurf 210 E			Methyl Alcohol	67-56-1	30.00%	0.02718%	
Texsurt 210 E	Chemplex		Alcohol Alkoxylate	NA	20.00%	0.02718%	
			Ethylene Glycol Monobutyl Ether	11-76-2	5.00%	0.00453%	
lexbreak 134	Chemplex		Isopropyl Alcohol	67-63-0	20.00%	0.00453%	
lexcide P5			Tributyl tetradecyl phosphonium	81741-28-8	5.00%	0.00068%	
lexciue P5	Chemplex		Methanol	67-56-1	20.00%	0.0008%	
mmonium Persulfate	Chemplex	Breaker	Ammonium Persulfate	7727-54-0	98.00%	0.15267%	
F 100	Drilling Fluid Techno		Methanol	67-56-1	10.00%	0.00287%	
71 100	Drilling Fluid Techno		Isopropyl Alcohol	67-63-0	15.00%	0.00287%	
			Ethylene Glycol Buty Ether	111-76-2	25.00%	0.00430%	
ngredients shown above	e are subject to 29 CRF	1910.1200(i) and appear o	on Material Safety Data Sheets (MSDS).	Ingredients shown b	elow are Non-MSDS.		

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100% Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: County: Chautauqua

API Number (14 Digits): 15-019-27324-0100

Operator Name: Nemaha Oil & Gas, LLC

Well Name and Number: Latitude: 37.25794821

Longitude: -96.3828745

Datum: NAD27

Production Type: Oil

True Vertical Depth (TVD): 1875'

Total Base Fluid Volume (gal)*: 186,816



Hydraulic Fracturing Fluid Composition:

				Chemical Abstract	Maximum Ingredient	Maximum Ingredient	Authorized Danissantski als Nove Addissa
Trade Name Supplier	Supplier	Purpose	Ingredients	Service	Concentration	Concentration	Authorized Representative's Name, Address and Phone Number
	• •	•		Number	in Additive	in HF Fluid	
				(CAS#)	(% by mass)**	(% by mass)**	
Vater	Questa Energy	Carrier/Base Fluid	Water	7732-18-5	100.00%	99.50292%	
Plexsurf 210 E	Chemplex	Flowback Acid	Methyl Alcohol	67-56-1	30.00%	0.02842%	
	· ·		Alcohol Alkoxylate	NA	20.00%	0.01895%	
			Ethylene Glycol Monobutyl Ether	11-76-2	5.00%	0.00474%	
Plexbreak 134	Chemplex	Nonemulsifier for acid	Isopropyl Alcohol	67-63-0	20.00%	0.00933%	
Plexcide P5	Chemplex	Industrial water treatmer	Tributyl tetradecyl phosphonium	81741-28-8	5.00%	0.00072%	
			Methanol	67-56-1	20.00%	0.00290%	
Plexbore 101	Chemplex	Crosslinker	Potassium Metaborate	13709-94-9	30.00%	0.02891%	
			Potassium Hydroxide	1310-58-3	5.00%	0.00482%	
			Ethylene Glycol	107-21-1	10.00%	0.00964%	
Ammonium Persulfate	Chemplex	Breaker	Ammonium Persulfate	7727-54-0	98.00%	0.01032%	
OF 100	Drilling Fluid Techno	Foamer	Methanol	67-56-1	10.00%	0.02274%	
			Isopropyl Alcohol	67-63-0	15.00%	0.03412%	
			Ethylene Glycol Buty Ether	111-76-2	25.00%	0.05686%	
AI 260	Chemplex	Acid Corrosion Inhibitor	Ethylene Glycol	107-21-1	20.00%	0.00138%	
			N,N-Dimethyl Formamide	68-12-2	20.00%	0.00138%	
			2-Butoxyethanol	111-76-2	5.00%	0.00035%	
			Isopropanol	67-63-0	5.00%	0.00035%	
ngredients shown above	e are subject to 29 CRF	1910.1200(i) and appear	on Material Safety Data Sheets (MSDS). Ingredients shown b	elow are Non-MSDS.		
	+						
	+						

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100% Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

Summary of Changes

Lease Name and Number: Lampson 3B-23-32-9H

API/Permit #: 15-019-27324-01-00

Doc ID: 1184010

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/28/2013	01/31/2014
Fracturing Question 1		Yes
Fracturing Question 2		Yes
Fracturing Question 3		No
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 56334	//kcc/detail/operatorE ditDetail.cfm?docID=11 84010

Summary of Attachments

Lease Name and Number: Lampson 3B-23-32-9H

API: 15-019-27324-01-00

Doc ID: 1184010

Correction Number: 1

Attachment Name



CONFIDENTIAL COMPLETION COMMISSION

CONFIDENTIAL COMPLETION FORM

1156334

Form ACO-1
June 2009
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
Address 2:	Feet from North / South Line of Section
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 #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ 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:	Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	QuarterSecTwpS. R East Wes
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I III Approved by: Date: