Confidentiality Requested: Yes No

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

1184869

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used?
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
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	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR     Permit #:	Location of huid disposa in natied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
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 III Approved by: Date:

	Page Two	1184869
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS: Chause important tang of formations paratrated	atail all aaraa Banart all final	apping of drill stome tools giving interval tooled, 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 She	eets)	Yes No		-	on (Top), Depth a		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 Specify For		RD - Bridge F Each Interval		e	А		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner Ru	in:	No	
Date of First, Resumed	l Producti	ion, SWD or ENHF	<b>}</b> .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ON OF C	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	FERVAL:
Vented Solo	J ∏ L	Used on Lease		Open Hole	Perf.	Dually		Commingled		
(If vented, Su	bmit ACC	D-18.)		Other (Specify)	)	(Submit /		(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Splechter, Tim
Well Name	Grisier 9-13
Doc ID	1184869

## Casing

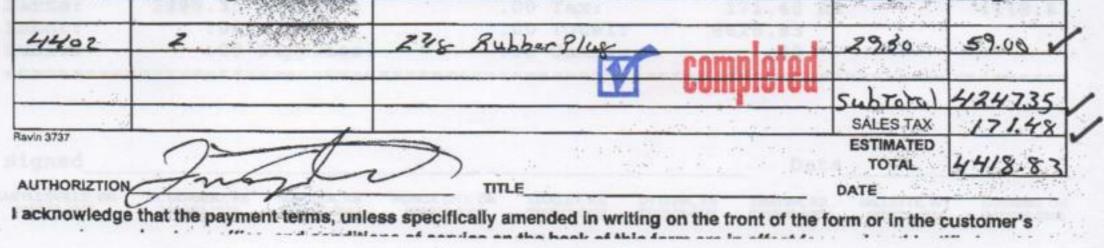
Purpose Of String	Size Hole Drilled	Size Casing Set	U U U	Setting Depth	Type Of Cement		Type and Percent Additives
surface	12	7	17	42	portland	8	
longstring	5.625	2.875	6.5	1036	60/40 pozmix	135	

		0202031301		Consolitua	ited 011		46	10003/0000
CLIDATED 265000 MI Barview, LLC 265002 TICKET NUMBER 45819 LOCATION Zorska FOREMAN Srave Naad 1 or 800-467-8676 TELD TICKET & TREATMENT REPORT 0 or 800-467-8676 CEMENT T CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COU 1 or 800-467-8676 CEMENT 1 CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COU 1 or 800-467-8676 CEMENT 1 CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COU 1 or 800-467-8676 CEMENT 1 CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COU 1 or 800-467-8676 CEMENT 1 CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COU 1 or 800-467-8676 CEMENT 1 CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COU 1 or 800-467-8676 CEMENT 1 TRUCK # DRIVER TRUCK # DRI 1 STATE ZIP CODE 1 STA	5819							
- 1	CUSTOMER #	WEL	L NAME & NUM	1.11		TOWNSHIP	RANGE	COUNTY
2.12	2000	Fridan	9:12	2010-14		A. 199		woodson
IOMER	his oil			12/20.	485	Alan	TRUCK #	DRIVER
CITY		STATE			District Street of St			
	1035'	DRILL PIPE		TUBING	228		OTHER	
DISPLACEMENT	T 6 bbls	DISPLACEMEN	T PSI 700*			RATE		French
LOTIC M	1× 200* G	al Flush *	5661 Wat	urspacer.	Mix 13	55K3 60140	Pozmins	ement
USt Kol-	5.001. 2%	6-01 + 120	cacle.	Shundon	wn. was	haut pump	* Lines .	STUFF
2 plugs.	Displace	wy 6bbls	Fresh 6	water 2	That pump	Ing Pressure	7007	Bump
· · · · · · · · · · · · · · · · · · ·			and the second sec	F. Gao	deement	Return TU :	Surface	660170
0:7.	Job Com	plen Rial	town.		and the second	and the second	10 Mar -	

Than Kyuu

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5491		PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	4.20	126.00
1131	135 sks	60/40 Poz mix Cement	13.18	1779.30
AOIN	675 *	Kol-Soal 5th Pasisk	.46	310.50
11183	230-	GN 2%	.22	50.60
1102	115 <sup>st</sup>	Could 1%	.78	89.70
111813	3004	Gel Flush	-22	66.00
5407	5.80 Ton	Ton Mileoge bulk Trock	MA/C	368.0
55020	3 hrs	80 bbl warman Truck	90.00	270.00
1123	2500 sollans	- CITY Water	17.30/1000	43.25

N.C.



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		0EV					

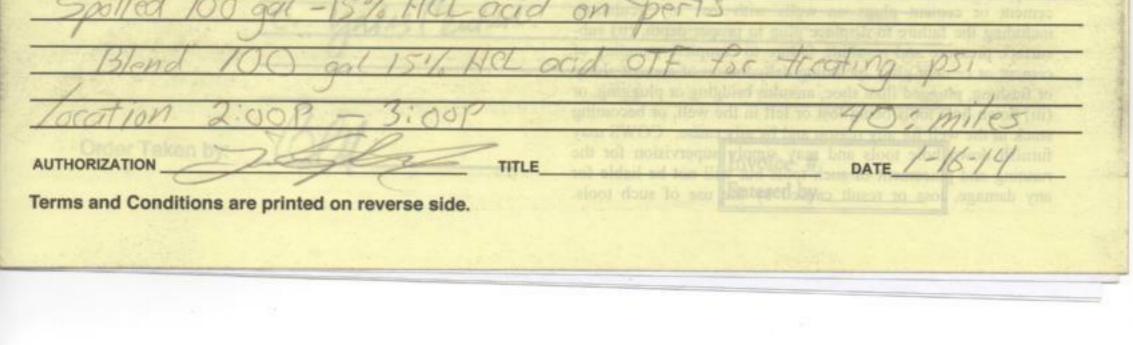
34, Chanute, KS 66720 1-9210 or 800-467-8676

TICKET NUMBER	57642
FIELD TICKET REF #_	48945
LOCATION Thave	T
FOREMAN Phot	t Busky

0

# TREATMENT REPORT FRAC & ACID

				FRAC & A	CID					
DATE	CUSTOMER #	WELL	NAME & NUM	the second se	SECTION	TOWNSHIP	RANGE	COUNTY		
1-16-14	IIE/ danualan	Grisie	FA9	-13	2 Junior Degrades	Let-Lat attains	In a contraction of	WO		
CUSTOMER	The State States	1001, Life output	strate in the second	and the first	Y Sofet.	meeting	attent	A-CONTRACTOR		
Sole	chterc	VI STI	im sple	chter	TRUCK #	DRIVER	TRUCK #	DRIVER		
MAILING ADDRI		United States In	User		476	Tish		Distant.		
west Perfo				anup)	450	Donnie				
CITY	Las .	STATE	ZIP CODE		47	Mark	or emergences	C'rarmanerry		
					521	Matt	Distances and and	Part Sug		
Wa den B	Townself Heat	List of and	A Martha Par	Link Mill	618785	Joen		with my allowed		
· motion witho	WELL	DATA	Contract Provent	1.1	6797102	TUMOF	2	be paid to o		
CASING SIZE	Charles 1 - P	TOTAL DERTH	11	- diam	Por Surger day	S runnig	TYPE OF TREATMENT			
CASING WEIGH	T	PLUG DEPTH	fundation when	anning the second	Acidson	JIT	Frac			
TUBING SIZE	218 SEUE	PACKER DEPTH	1	tat	100.900	CHEMI	PARTY I THE REAL PROPERTY OF			
TUBING WEIGH	Т	OPEN HOLE	Secto united	inent SV	Kchsuß-		1 23	CPC		
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970-80	(21)	Soulis	Fel Mar	ALL DOCUMENTS	21110 10	<u>anne ior</u>	Sinao	nas (failing)		
82-88	(13)	Part HOL	and belless the	toll party				AND THE		
	S	Capohan mi	Protect of the	Lines Strengt	State Ville State	and the second second	THE REPORT OF	The Industrial		
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PAD	7672 32 600	20	20	W/DY, La	A MARKET IN 19	1300	BREAKDOWN	1200		
16-30	mills on m	Contraction of the second	20	15-10	3004	Hards to service	START PRESSU	RE		
12-20	R COL		nusq.	10-21	7.2004	the light of	END PRESSURE			
12-201	7)	at hetimi ein		2,0	15001	1500	BALL OFF PRES	s		
12-20	-(5)	THE OF CONTRACT OF	un, ang lifes,	10	the shelling sol	1200	ROCK SALT PRE	SS		
12-20		and an an an an	Y	1.0			ISIP 575	Sector Court		
12:20 (.	5) - 4	MINT	20	2.0	1,000#	2300	5 MIN	(b) Linkers		
12-20		and the state	18	15	and an open of the		10 MIN	Seara trees		
12-20 (	2)+(2)	12 18	-15	10	the second strength	2500	15 MIN	(1) reserved		
12-20	+(1)		15	2,0	1.000#	2900	MIN RATE	STR.		
FLUSH	CASING	10	15			Called	MAX RATE	() ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
Release	? bolls to	T.D.	172	TOTAL	9004	711/10	DISPLACEMENT	5.7		
OVERF	LUSH	100	201	JAND	1000	1300	CW (10 10 200)	ulum emplo		
TOTAL BBLS 170			2 AVA	1.A. 5 (Br -	1000	MARY CIER	Le Barden			
REMARKS: & hold salely-procedure meeting before frac										
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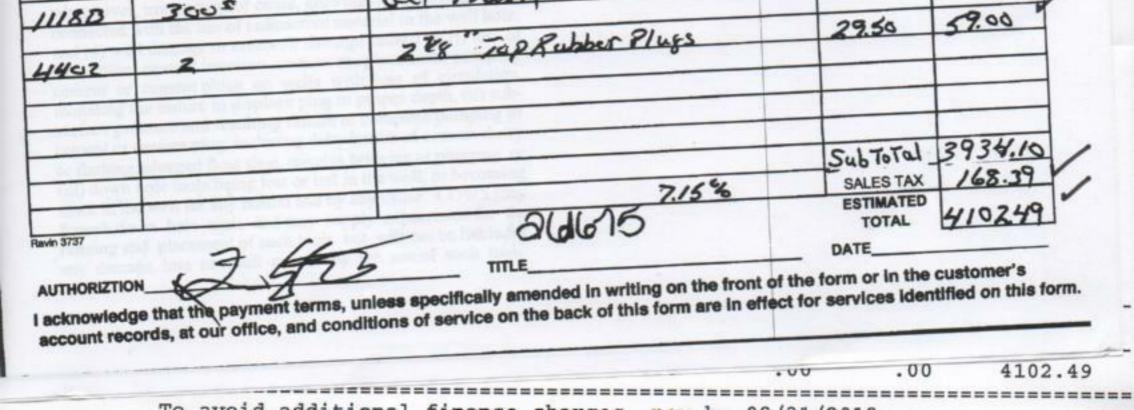
	IN KS 66720 FIEL	D TICKET & TRE	D TMENT REP	TICKET NUMBE LOCATION	arena 1	
	300-467-8676	CEME	SECTION	TOWNSHIP	RANGE	COUNTY
6	CUSTOMER # WELL	NAME & NUMBER	- CLOTTON		U	Jacidson
T	7888 Grisier	8.13			TRUCK #	DRIVER
ER			TRUCK #	DRIVER	TROOM #	
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	denormal transmitter as from			PRODUCT	UNIT PRICE	TOTAL
ACCOUNT	QUANITY or UNITS	DESCRIPT	ION of SERVICES o		108500	1085.00
CODE		PUMP CHARGE		2 20112-023	4.20	126.00
5401	30	MILEAGE				
5406	180				13.18	1779.30
-	196.40	60/40 2021	nix Came	nt	.46	310.50
1131	1.35 sks	Kol-Seal	5 MORISK		22	50.60
HOA	675\$	Gel 22	2		,78	89.70
11183	230-4	Coelz 12	5		100	
1192	115=				-	368.00
		Jan miles	a Bulk	Truck	mis	
5407	5.80 700	Jannus				66.00
		- C.	1		.22	66.00

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Gel Flush