

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1191187

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.	Twp S. R	_		
Address 2:			F6	eet from	outh Line of Section		
City: State: Zip:+			Feet from East / West Line of Section				
Contact Person:			Footages Calculated from	Nearest Outside Section Corr	ner:		
Phone: ()			□ NE □ NW	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:							
Designate Type of Completion:			Lease Name:	Well	#:		
New Well Re	e-Entry	Workover	Field Name:				
	SWD	SIOW	Producing Formation:				
Gas D&A		☐ SIGW	Elevation: Ground:	Kelly Bushing:			
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total Dep	th:		
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Co	re, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes N	o		
If Workover/Re-entry: Old Well In	nfo as follows:		If yes, show depth set:		Feet		
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:	Original T	otal Depth:					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from to	he Reserve Pit)			
Commission of a d	De wasit #		Chloride content:	ppm Fluid volume:	bbls		
CommingledDual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite			
☐ ENHR			Location of haid disposal in	nadica officia.			
GSW	Permit #:		Operator Name:				
_				License #:			
Spud Date or Date Re	eached TD	Completion Date or	QuarterSec	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 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		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			No	L	_	on (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	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
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 Percent 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		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs S Specify Footage of Each Interval Perfora							d Depth	
								·
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	other (Explain)		
Estimated Production Oil Bbls. Gas Per 24 Hours		as Mcf	Wate	ater Bbls. Gas-Oil Ratio		Gravity		
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PROPUSTIC	ON INTERVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE INVOICE Customer Copy

11:42:13

Due Date: 12/08/13

Invoice Date: 11/04/13 Ship Date: 11/04/13

Invoice: 10204522

25.8697\$

JATOT

GARNETT TRUE VALUE HOMECENTER

410 N Maple Garnett, KS 66032

2526 N FUNSTON

% TOM MILLER

Sold To: MILLER ENERGY LLC

Sale rep #: JIM

Instructions :

Page: 1

Special

8517-844 {785} XAF 0017-844 {887}

60.742	Sales tax	axable 7151,43 0.00 # xs	ON	11		
£4.1317\$	Sales total		CHECKED BY DATE SHIPPED DRIVER	EILLED BY		
2767.05 4384.38	1	moU/əpinq tIA 5A8 0064.8 5A8 0064.6 5A9 0064.6 5A9 0064.8	PLY ASH MIX 80 LBS PER BAG PORTLAND CEMENT-94#		리 에HS 릭 00.624 릭 00.534	462.00
HT8 L	r0gmiqoq			// V J J L I V W/11	i dilio	ODDLD
Approximately Co		Order By:	Customer PO:	0002000		
			799-964 (029)	A, KS 66749	101	

2299-964 (029)

Ship To: MILLER ENERGY LLC

Acct rep code:

2 - Customer Copy



Bit# 200539

Branton 2= 4 soil 4 & clay rock 12 shale 160 In lime 187 52 Shak 239 3 line 242 13 stak 2rr 100 line 355 173 shak 528 16 | nc 544) 56 shak 600 25 line 625 20 shall 645 11 line 656 All Shak 606 7 line 678 10 shik 688 9 line 697 43 stal 740 9. Bensand 749 goodshar

17 state 766 Till

Sct 20'7"
run 758.00 2'16
cenariod to surke 725851