

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1193640

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.xxxx) (e.gxxx.xxxx)			
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:			
OG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet			
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
	feet depth to: w/ sx cmt.			
Well Name:	w/			
Original Comp. Date: Original Total Depth:				
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (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 #:	Operator Name:			
GSW Permit #:	Operator Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. 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 Iwo	1193640
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS: Chain important tang of formations paratrated Da	tail all carea Bapart all final	Leaning of drill stome tests giving interval tested, time test

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		Log Formation (Top), Depth and Datum Sample			Sample	
Samples Sent to Geolog	jical Survey	Yes No		Name			Тор	Datum
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD [New New New New		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	/ SQUEI	EZE RECORD	·	· · · · · ·	
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Use	ed		Type and Pe	ercent Additives	
Protect Casing								
Plug Off Zone								
Did you porform a hydraulia	free studies tree strees to	an this well?					a guartiana () an	<i></i>

Did you perform a hydraulic fracturing treatment on this well?
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Yes	No
Yes	No
Yes	No

(If No, skip questions 2 and 3) (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					00			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	I Product	ion, SWD or ENHF	} .	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF C	GAS:	_					_	PRODUCTION INT	ERVAL:
Vented Solo	d 🗌 I	Used on Lease		Open Hole	Perf.	Uually (Submit)	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify)		(Oublinit /	,	(000/11/ 100-4)		

Form	ACO1 - Well Completion
Operator	Pada Petroleum, Inc.
Well Name	Warren 8
Doc ID	1193640

Tops

Name	Тор	Datum
latan Lm	2374	-1249
Stalnaker Sd	2382	-1257
Layton SD	2856	-1731
Kansas City Lm	3047	-1922
Cleveland Sd	3153	-2028
Altamomt Lm	3224	-2099
Cherokee Sh	3334	-2209
Mississippi Chat	3494	-2369
Mississippi Por	3536	-2411

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

March 12, 2014

David Warren Pada Petroleum, Inc. 19470 302ND RD MAPLE CITY, KS 67102-9309

Re: ACO-1 API 15-191-22704-00-00 Warren 8 SE/4 Sec.01-35S-01E Sumner County, Kansas

Dear David Warren:

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 8/29/2013 and the ACO-1 was received on March 11, 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

RETURN Invoice # 261949 Invoice Date: 09/23/2013 Terms: Page 1 PADA PETROLEUM INC WARREN #8 19470 302ND ROAD 1-35-1 MAPLE CITY KS 67102 API 15-191-22704-00-00 (620)442-8498 CLASS *A* CEMENT (SALE) Part Number Description Qty Unit Price 1104 CLASS *A* CEMENT (SALE) 1105 PI 000 -15.7000 -2198.00 1106 CLASS *A* CEMENT (SALE) -140.00 -89.60 1107 FLO-SEAL (25#) -70.00 -24700 1107 FLO-SEAL (25#) -70.00 -24700 1107 FLO-SEAL (25#) -70.00 -24700 1290 Description Hours Unit Price Total 446 CEMENT PUMP (SURFACE) -1.00 -870.00 446 CONT MILEAGE (ONE WAY) -70.00 -1.41 -641.55 681 TON MILEAGE DELIVERY		CONSCLIDATED Clivinii Cardana, M.C	REMIT Consolidated Oil We Dept. 9 P.O. Box Houston, TX 7	Chan 620/431-9210 • 1-	MAIN OFFICE P.O. Box 884 ute, KS 66720 800/467-8676 620/431-0012	
Invoice Date: 09/23/2013 Terms: Page 1 PADA PETROLEUM INC WARREN #8 19470 302ND ROAD 1-35-1 MAPLE CITY KS 67102 API 15-191-22704-00-00 (620) 442-8498 Part Number Description Qty Unit Price Total 1104s CLASS "A" CEMENT (SALE) -140.00 -15.7000 -2198.00 1101 CAL SEAL -224.00 -4000 -89.60 118B PREMIUM GEL / BENTONITE -280.00 2200 -61.60 1107 FLO-SEAL (25#) -70.00 -2.4700 -172.90 Description Hours Unit Price Total 446 CEMENT FUMP (SURFACE) -1.00 -870.00 -870.00 446 EQUIPMENT MILEAGE (ONE WAY) -70.00 -4.20 -294.00					Invoice #	261949
19470 302ND ROAD 1-35-1 MAPLE CITY KS 67102 API 15-191-22704-00-00 (620) 442-8498 API 15-191-22704-00-00 Part Number Description Qty Unit Price Total 1104s CLASS "A" CEMENT (SALE) -140.00 -15.7000 -2198.00 1101 CAL SEAL -224.00 4000 -89.60 1118B PREMIUM GEL / BENTONITE -280.00 2200 -61.60 1107 FLO-SEAL (25#) -70.00 -2.4700 -172.90 Description Hours Unit Price Total 446 CEMENT PUMP (SURFACE) -1.00 -870.00 -870.00 446 EQUIPMENT MILEAGE (ONE WAY) -70.00 -4.20 -294.00						Constitution and Constitution
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	681					Contraction of the second s

 Parts:
 -2522.10 Freight:
 .00 Tax:
 -167.73 AR
 -4495.38

 Labor:
 .00 Misc:
 .00 Total:
 -4495.38

 Sublt:
 .00 Supplies:
 .00 Change:
 .00

Signed						Date		
BARTLESVILLE, OK	EL DORADO, KS	EUREKA, KS	PONCA CITY, OK	OAKLEY, KS	OTTAWA, KS	THAYER, KS	GILLETTE, WY	CUSHING, OK
918/338-0808	316/322-7022	620/583-7664	580/762-2303	785/672-8822	785/242-4044	620/839-5269	307/686-4914	918/225-2650

A	CONSOLIDATED CI Well Services, LLC
	CONSOLIDATED GI Walf Survives, LLG



TICKET NUMBER	43619
LOCATION 180	
FOREMAN Jeff	Shell

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

	01 000-401-001	-	CEMEN	APT	15-191-2	17AH-1	20-00
DATE	CUSTOMER #	WELL NAME & N	UMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/30/13	6275	Warren #	F8	1	35	1	Summer
CUSTOMER						Mill CEM (SIGNED A)	Commer
1909 Ye	traleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	SS			446	Josh G.		
19470	302 nd	rd		681	Zevi A.		
CITY		STATE ZIP CODE			Jeff S.		
Maple	city	KS 67102		471	VCH+ J,		
ЈОВ ТҮРЕ <u>, <i>З</i>и</u>		HOLE SIZE 12.14	HOLE DEPTH	277	CASING SIZE & W	EIGHT 85/4	r r
CASING DEPTH	267	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGHT		SLURRY VOL	WATER gal/sl	k	CEMENT LEFT in	CASING	
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: S	gfety Mr	eting broke	Pine. Pu	mod 14	asks 1%	19/2: 1	
2% G6	21 1/2/1	Polyflake dis	speced wi	th 16 hh	la fragh	unto-	
			y is a war		Unane	vy'er	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013		PUMP CHARGE	870,00	870,00
5406	70	MILEAGE		294,00
5407A	70 mile	Ton Milegge delivery	1,41	641.55
11045	140513		15,70	2198.00
1101	224/35		.40	89.60
11183	2.80/133	Gel	.22	61.60
1107	70Ks	Polyflake	2,47	172,90
		/		
		_	Subtatal	4327.60
Ravin 3737		- alla Gulla	SALES TAX	167.13
		uler 1 - 1 i	ESTIMATED	4495 20
AUTHORIZTION	Mich Staffe	TTILE Tool Rusher		0-13

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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.

	COMPOLIE COMPOLIE	Consolidated C D P.O Houston,	MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012		
INVO				Invoice #	262177
Invoi	ce Date: 09/12	/2013 Terms:			======================================
	FAITH PETROLEUM P.O. BOX 1182 ARKANSAS CITY K: () -		WARREN #8 43147 1-355-1E 09-07-13 KS		
Part 1104S 1118B 1102 1110A 4253 4454 4310 4104 4136 4130 446 446 446 681			LE) 180.00 (ITE 550.00 #) 240.00 1100.00 /2X6 1.00 UG 1.00 3.00 6.00 3.00	.7800 .4600 1663.0000 266.7500 147.5000 290.0000 75.7500 61.0000 Unit Price 1085.00 4.20	2826.00 121.00 187.20 506.00 1663.00 266.75 147.50 870.00 454.50 183.00
Parts: Labor: Sublt:	7224.95 Fre .00 Mis .00 Sup	sc: .00 I	!ax: 480.4 !otal: 10356.3 !hange: .0	7 AR 2	10356.32
Signed			I	Date	
RTLESVILLI 918/338-080	E, OK EL DORADO, KS EL 8 316/322-7022 62	JREKA, KS PONCA CITY, OK OAKL 20/583-7664 580/762-2303 785/6	EY, KS OTTAWA, KS THAYEI 72-8822 785/242-4044 620/839	••••••••••••••••••••••••••••••••••••••	CUSHING, OK

TOTAL 103663D							ABER 43147			
PO BAS 84, Chanuta, KS 6720 PO BAS 84, Chanuta, KS 6720 PO BAS 84, Chanuta, KS 6720 PATE CUSTOMER # WELL NAME & NUMBER CEMENT ATTA IS / 19 - 32.70/ DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP RAYEE COUNTY P-7-7.3 2954 LCARGE # S / 23.5 / 2 / 24.82 / 23.5 / 25.5		Cil Vibil Cardisso, LLC	רואוקן			LOCATION				
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CASING DEPTH. S3.12. DRILL PIPE			428	HOLE DEPTH	36516	CASING SIZE &	WEIGHT 53	[
DISPLACEMENT 78. 68 DISPLACEMENT PSI 152 MIX PSI 150 RATE 6.65 REMARKS: A COLOR TO 55 455.16 44 3315.41.7 CHARLINGTON KOLOS REMARKS: A COLOR TO 55 455.16 44 3315.41.7 CHARLINGTON KOLOS REMARKS: A COLOR TO 55 1000 DISPLACE A COLOR OF A COLOR A	CASING DEPTH	3312 DRILL PIPE						6 Plus		
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37402 1812 150 targe 120 270,000 11045 180 1812 150 targe 130 28210 11045 180 530 110 28210 0 11188 530 110 60 121 121 121,00 1102 240 110 100 100 110 122 121,00 11024 1100 100 100 100 100 187,20 178 187,20 111044 1100 100	5401	1					1082.00	1085.00		
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1/13.8 530 /bs Bel 1.22 1.21 1.21 1.20 1/10.2 240 /bs CACL2 1.78 1.87, 20 1/10.4 1/00 /bs Kol-scal 1.46 50b.00 5407 1 Bulkbelssen by X 8.5 tox25 1.41 850,94 4953 1 54 Taper H 1.663.00 4454 1 57 Taper H 1.663.00 4404 3 57 Leater dowe 266.75 4104 3 57 Leater dowe 75.75 4130 3 57 Leater dowe 1.00 1.83.00 1.00 1.83.00 <td>3402</td> <td>18.</td> <td>12 Footing</td> <td><u>e</u></td> <td></td> <td></td> <td>.23</td> <td>416,76</td>	3402	18.	12 Footing	<u>e</u>			.23	416,76		
1/13.8 530 1/23 Bel 1.22 1.21 1.21 1.21 1.20 1/10.2 240 1/23 CACL 2 1.78 1.87, 20 1/10.4 1/00 1/23 Kol-scal 1.46 50/20,00 54/07 1 Bulkbeltzen by X 8,5 to 25 1.41 850,94 4953 1 54 Taper H 1.663,00 4454 1 57 Taper H 1.663,00 4454 1 57 Taper H 1.663,00 4454 1 57 Taper H 1.663,00 4404 3 57 Leater down 2.66,75 4104 3 57 Leater down 2.66,75 4130 1 3.44 Fr. & Collare 1.47,50 4130 3 57 Leater down 75,75 4130 3 57 Leater down 3.60,00 4130 3 57 Leater down 75,75 4130 3 57 Leater down 75,75 4130 3 57 Leater down 1.61,00 130 1 3.44 Fr. 1.47,50 4130 3 57 Leater down 1.61,00 130 3 57 Leater down 1.61,00 130 3 57 Leater down 1.61,00 1430	11.12									
1102 340 1/100 1/	11042	/8						2826.00		
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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.