

Confidentiality Requested:

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

1193931

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.     CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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:
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:     SWD Permit #:	
	Location of fluid disposal if hauled offsite:
ENHR         Permit #:           GSW         Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date of Recomplet	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	1193931
Operator Name:	Lease Name:	Well #:
Sec TwpS. R	County:	
INCTDUCTIONS: Chave important tang of formations panetrated. Do	tail all aaroa Danart all final	appiag of drill atoms toots giving interval tootad, 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 ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		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			
Purpose:	Depth	Turne of Operation	III On also I land		Turne and D		

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

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

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

No

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plug Specify Footage of Each Interval Per					е	A		ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	n:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	<b>}</b> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF C	AS:			METHOD				PRODUCTION IN	TERVAL:
Vented Solo	1 🗌 I	Jsed on Lease		Open Hole	Perf.		Comp.	Commingled		
(If vented, Su	bmit ACC	0-18.)		Other (Specify	)	(Submit )		(Submit ACO-4)		

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

Global Cementing LLC dba SOS LLC

18048 I-70 Road Russell, KS 67665

## Invoice

Invoice #
1147

Bill To		
Continental Operation	ng	 
PO BOX 52	0	
HAYS,KS 67601		

man				P.O. No.	Terms		Project
				BUCKS#1	Net 30		
Quantity		1	Description		Rate		Amount
16 466 1 66 66	<ul> <li>POZ</li> <li>GEL</li> <li>HANDLIN</li> <li>BULK MIL</li> <li>TRI-PLEX</li> <li>PUMP TRU</li> <li>PICKUP</li> <li>HULLS</li> </ul>	G JEAGE PUMP CHARGE FOR PL JCK MILEAGE 5% FROM TOTAL IF PA		OF INVOICE	1,	15.50 8.50 23.50 2.10 ,231.00 ,200.00 6.50 2.50 45.00	4,185.00T 1,530.00T 376.00T 978.60 1,231.00 1,200.00 429.00 165.00 360.00T 406.41
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nk you for you	ur business.	Fax#	E-mail		Total		\$10,861.01

# SCHIPPER'S OIL FIELD SERVICES, L.L.C. 1147

REMIT TO		48 170R SSELL,	D KS 67665		SEI	RVICE POINT:	US - Hox	e us
DATE /0-31-	13	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASEBUCUS		WELL #.	-	LOCATION	art a sur be	20 20	COUNTY	STATE
OLD OR NEW	(CIRC	LE ONE)					1	
CONTRACTOR	we	stern	well	Serv	OWNER	2.		
TYPE OF JOB	14		-	and the second		Ur	ア	
HOLE SIZE 7 CASING SIZE 8	119			.D.	CEMENT	15	· /	1. 11.1
TUBING SIZE	518			EPTH	AMOUNT ORI	DERED SERED	SX 6019	10 4 1001
DRILL PIPE	18			EPTH	Catal and			2
TOOL				EPTH			0	
PRES. MAX				EPTH				
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DISPLACEMENT		Potres			ASC		@	
		EQUIPME	INT	24			@	-
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PUMP TRUCK		ENTER_	Heath				@	-
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AND AND	ng i	6 Men	for cul	ote to surface -	DEPTH OF JOB			
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SALES TAX (If Any)

TOTAL CHARGES DISCOUNT\_\_\_\_

PRINTED NAME KORY PL-C-F

IF PAID IN 30 DAYS

TOTAL