Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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:		SecTwpS. R 🗌 East 🗌 West		
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 #		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:		
	SIOW	Producing Formation:		
Gas D&A ENHR		Elevation: Ground: Kelly Bushing:		
□ og □ gsw	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:		
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No		
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: Origina	ıl 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		
		Dewatering method used:		
		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	QuarterSecTwpS. 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

Confidentiality Requested:

Yes No

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:				

Operator Name: _ Lease Name: _ Well #: _ County: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No 」Yes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled

(Submit ACO-4)

(Submit ACO-5)

Vented

Sold

Used on Lease

LITHOLOGY STRIP LOG

WellSight Systems

Scale 1:240 (5"=100") Imperial Measured Depth Log

Well Name: T-Nelson #1-33

Location: SE-SW-NE-SW/4 Section 33 T14S-R31W

Region: Gove County, KS License Number: API: 15-063-22125-00-00

Drilling Completed: Aug 26, 2013 Spud Date: Aug. 17, 2013

Surface Coordinates: 1520' FSL & 1725' FWL Section 33 T14S-R31W

Bottom Hole Coordinates:

K.B. Elevation (ft): 2632' Ground Elevation (ft): 2623' Total Depth (ft): 4390'

Logged Interval (ft): 3400 To: TD

Formation: Topeka to Miss Type of Drilling Fluid: Chemical mud Displaced at 3200'

Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Pelican Hill Oil & Gas

Address: 1401 E. El Camino Real Suite 207

San Clemente, CA 92672+5932

GEOLOGIST

Name: Roger L. Fisher Company: 2610 W. Rio Vista St. Address: Wichita Kansas, 67204

COMMENTS

Integrity Drilling Co. Rig #7 Surface Casing: 266' of 8 5/8" Production Casing: 2200' of 5 1/2"

Deviation Surveys: 4385 1 degree Pipe Strap @

4385 Strap was 2.45 long to Board

Mud System: Mud Co DSTs: Trilobite Testing Inc.

OH Logs: ELI Wireline; DILL, CDL/CNL, Micro, Sonic, Frac Finder

Pipe was run to Cedar Hills for a SWD

TICKET NUMBER	380 <u>59</u>
LOCATION DAKEL	y K5.
FOREMAN KELLY	CAPPEL

FIELD TICKET		T & TREATMENT REPORT DAMEN No TEA INING					
or 800-46	3 00720 87-8676		CEMENT	SECTION	TOWNSHIP	RANGE	COUNTY
ATE CUSTO	MER# W	ELL NAME & NUN		33	14	31	GOVE
8-17-13 635		SON 1-3	OAKUY	TRUCK#	DRIVER	TRUCK#	DRIVER
CUSTOMER PELICAN HILL		540	222	DANE			
MAILING ADDRESS			JAVKA4	544	TIM W.		-
CITY	STATE	ZIP CODE	MEDOWA	·			
		12/14	_ S WINE	268	CASING SIZE & \	WEIGHT	878.24
IOB TYPE SURFA	CZ HOLE SIZE	1617	TOTAL VALUE			OTHER	

TUBING CASING DEPTH_268 DRILL PIPE__ CEMENT LEFT IN CASING_ WATER gallsk SLURRY VOL____ SLURRY WEIGHT 14.8

REMARKS: SAFFY MEESING RIG UP ON INDESPATE HOOKED UP TO CIRCUME MIXED 190 SKS COMMON 390 CC 270 GEL DISPLACED 153/4 BAR OF WATER SHUT IF IN WASHED UP FUMP AND LINES THEN RIGGED DOWN.

CEMENT DID CIRCULATE 6 BAR

		THANK YOU	Dramon to	My 1 CROI
		DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
COUNT	QUANITY of UNITS		1,150	1,15000
4015	/	PUMP CHARGE	5.25	78,75
406	. 15	MILEAGE		7.
		h. / m./.p.cc	1.75	430
1407	8.93	ton MILAGE - COMMON CLASS A	18 53	3524.50
1045	190	COMPLETE COLLEGE		
		1146	194	503.84
102	531	CALCIUM CLOCIDE	127	96.39
1188	3574	BETONITE	·.	
1,00				
				-
				1
				-
			- 	
		Sub Total		5783.41
				578,31
		Lug 10%	¥.	5205,13
• .		- real complaint	SALES TAX	2000
			ESTIMATED	
win 3737	5-118 min		TOTAL DATE 8-/	5498.39

AUTHORIZTION TOUR - MULL

TITLE TOOL Pasher

DATE 8-/7-/3

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.

261725 TICKET NUMBER LOCATION FOREMAN Comp Occullich FIELD TICKET & TREATMENT REPORT manute, KS 66720 CEMENT RANGE 210 or 800-467-8676 TOWNSHIP SECTION WELL NAME & NUMBER CUSTOMER# 31 W 145 DATE 23 8-26-13 TRUCK# 04/4 DRIVER TRUCK# CUSTOMER 530*TU8* MAILING ADDRESS ZIP CODE STATE CITY CASING SIZE & WEIGHT HOLE DEPTH HOLE SIZE 7 OTHER JOB TYPE TUBING DRILL PIPE CEMENT LEFT in CASING CASING DEPTH_ WATER gallsk Thanks Milat Cen

US

COUNTY

Gove

DRIVER

		DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
ACCOUNT	QUANITY or UNITS	DESCRIPTION OF THE PROPERTY OF	1785W 1	785.00
SYD/C	1	PUMP CHARGE	5.25	31,25
370/0	25	MILEAGE	1.75	953,25
5706	21.8 tons	Pan Mittage delvery	18.55	139/2
590/H	75545	Class A Lement	15.86	1.740.
11045	4255 hs	(D/40 De	1/3/00	21/4
//3/	4,5375	5/2" Contralizes	(0/1	1/22 79
4/30	<u> </u>	St" Flat Stor AFU	48515	433, 75
4159		State Internal	3/8,25	3/8,25
4454		Sh Jarobans		
			Schtatel	12/197
		1055/0	2/3Court	12/1098
		783370	5.11.11	10907:
			305/0.4	7
			_	<u> </u>
		pamalatag		-
				1571
			SALES TAX	657.6
1			ESTIMATED TOTAL	11565.4
Ravin 3737			,	

AUTHORIZTION A LAND 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 for

Summary of Changes

Lease Name and Number: T-NELSON 1-33

API/Permit #: 15-063-22125-00-00

Doc ID: 1195894

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	01/28/2014	03/26/2014
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=33&t	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=33&t
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 84779	//kcc/detail/operatorE ditDetail.cfm?docID=11 95894

Summary of Attachments

Lease Name and Number: T-NELSON 1-33

API: 15-063-22125-00-00

Doc ID: 1195894

Correction Number: 1

Attachment Name

T-Nelson #1-33