Confidentiality Requested: Yes No

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

1196411

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 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: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	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?
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
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 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	1196411
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS, Chow important tang of formations papatrated	Datail all cares Report a	Il final conjoc of drill ctome tosts giving interval tostod, 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	Trace of Ocean ant	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

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

No

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

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval		0e		Acid, Fracture, Shot, Ce (Amount and Kino	ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	e:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	l Producti	on, SWD or ENHF	} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Per 24 Hours	Gravity								
DISPOSITI	ION OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Dually		Commingled		
(If vented, Su				Other <i>(Specify)</i>)	(Submit /	,	(Submit ACO-4)		

		11111111111111
36 Zeck	CF DRIVER DRIVER CF ANG CF ANO	TOTAL TOTAL 1085. 20 168. 35 168. 35 168. 35 168. 35 360 00 177.65 172.09 257.00 173.09 277.65 173.09 20.18 10.18 20.18
MBER 45036 Eureka KS Shannon Feu RANGE CO		UNIT PRICE UNIC 1085.00 UNIC 17.35 1.35 1.41 1.41 1.41 1.22 29.50 29.50 29.50 29.50 29.50 29.50 29.50 2014 1000 1000 1000 1000 1000
	MUER MILET IN VITLET IN VITLET IN VIOLING	ACCOUNT CODE QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL 5 4 06 U/L NUMP CHARGE ON UNIT PRICE TOTAL 5 4 06 U/L NUMP CHARGE ON UNIT PRICE TOTAL 5 4 06 U/L NUMP CHARGE ON UNIT PRICE UNIT PRICE TOTAL 5 4 06 U/L NULACE AN LAGE ON UNIT PRICE UNIT PRICE UNIT PRICE 1/12 6 125 5 45 C. LUC C4 MEACH U U/L
TICK FIELD TICKET & TREATMENT REPORT CEMENT MELL NAME & NUMBER	the better of the the	DESCRIPTION of SERVICES or PRODUCT RGE on Lace How Coment with Truck The K Coment of Augh Truck ing Klush Mass must Thuck ing Klubby Plags of Comentating and the front of the form are in effection of the form are in effection of the form are in effection of the form are in effection.
日本 「 こ KET & TREATM CEMENT CEMENT	MBER MIX PSI MIX PSI M	DESCRIPTION OF SER MP CHARGE LEAGE ON LOCE friend D. W. C. C. MENT D. W. C. MENT D. M. C. M.
FIELD TICKET &	Tremerin #3 Develorment #3 Develorment #3 Develorment #3 Develorment #3 Develorment #3 MOLE STE Struct #3 NOLL PIPE	PUMP CHARGE MILEAGE ON MILEAGE ON Col F Col F Col F Col F Col Manuscrease S, unless specifical
66720 4676 4676	Devel Devel Devel STATE STATE STURY DRILL PIP DRILL PIP DRILL PIP DISPLACE	QUANITY or UNITS NIL NIL 125 525 125 4 300 4 4 Hc5 4 Hc5 300 4 4 Hc5 300 4 12 5 4 12 5 4 300 4 12 5 4 12 5 4 12 5 5 12 5 4 300 4 12 5 7 12 1 12 12 1 12
atte, KS 661 or 800-467-867		
	CUSTOMER CUSTOMER MAILING ADDRESS MAILING ADDRESS CITY CITY CITY JOB TYPE JO /A JOB TYPE JO /A JO	Account code 540/ 540/ 1126 1126 1123 44074 5502/ 1123 4402 Authoriztion

4

Ŀ

			200
Operator: Quest Development	Well #3	Bit Diameter: 5 7/8"	
Footage taken	Sample type		
4	soil		
1_21	clay/gravel		
21_134	shale		
134_249	lime		
249_354	shale .		
354_5/U	lime choic		
010_140	snale		
756 770	shale		
770 702	lime		
792 853	shale		
353 B62	lime		
362 904	shale		
904 907	lime		
907_922	black shale		
922_927	lime		
927_985	shale		
985_989	oil sand		
989_990	oil sand and shale less bleed		
990_993	oil sand		
992_990 DOG 1016	dark sand less oil		
	1		
\$*-			

÷.,