Confidentiality Requested: Yes No

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

1191978

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.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:
	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? 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: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Duilling Fluid Management Dian
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
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 Approved by: Date:

	Page Two	1191978
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRINCTIONS. Chave important tang of formations paratrated	atail all aaraa Bapart all final	apping of drill stome tools giving interval tooled, 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 Sheets)		Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
			RECORD Ne				
		Report all strings set-c	onductor, surface, inte	ermediate, producti	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 / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
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)
Does the volume of the total	base fluid of the hyd	Iraulic fracturing treatment ex	ceed 350,000 gallons?	Yes	No	(If No, skip question 3)
Was the hydraulic fracturing	treatment informatio	n submitted to the chemical d	lisclosure registry?	Yes	No	(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					ŀ		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	} .	Producing N	/lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ON OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Solo	ı 🗌 t	Used on Lease		Open Hole	Perf.	Dually (Submit A	Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC)-18.)		Other <i>(Specify)</i>	·	-				

Form	ACO1 - Well Completion
Operator	Murfin Drilling Co., Inc.
Well Name	McMillen Trust OWWO 1-27
Doc ID	1191978

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Microresistivity
Borehole Compensated

Form	ACO1 - Well Completion
Operator	Murfin Drilling Co., Inc.
Well Name	McMillen Trust OWWO 1-27
Doc ID	1191978

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.2500	8.6250	23	410	Common	300	
Production	7.8750	5.5000	17	3943	AA2	150	

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE						
Fracture Date:	11/15/2013					
County:	Barber County, KS					
Operator Name:	Murfin, Inc.					
Well Name and Number:	Rank #1-2 OWWO					
Total Base Fluid Volume (gal)*:	554200					

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25%	0.0177283%
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10%	0.0025081%
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50%	0.0125406%
Claymax	Chemplex	Clay Stabalizer	No hazardous ingredient			
Chemplex AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0049000%
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0021373%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.5000000%
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0.6000000%
Frac Sand	Uniman	Propant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	19.3%

Accty - ec.WF	PAGECUST NOINVOICE DA1 of 1100285211/13/201INVOICE NUMBER	
Pratt (620) 672-1201	J LEASE NAME McMillen Trust OWWO 1-2"	7
I PO Box: 288 L RUSSELL KS US 67665	B COUNTY Stafford S STATE KS I JOB DESCRIPTION Cement-Casing Seat-Prod W E JOB CONTACT	N

JOB #	EQUIPMENT #	PURCHASE	ORDER NO.		TERMS	DUE DATE
40661930	20920				Net - 30 days	12/13/2013
	•		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates	: 11/10/2013 to 1	1/10/2013		м		
		(1) Providence (10.1 and https://www.articl.stream			· · · · · · · · · · · · · · · · · · ·	
040661930			SED FOR	TC	103	
		L	SEDION	T	K	
171809399A Ceme	nt-Casing Seat-Prod W	11/10/2013	PPROVED	K_	C	5 - 35 g
Cement 5 1/2" Long		/	APPROVED			
				• • • • • • • • • • • • • •	a ter mente sectore i a grandet	ter men state a second
AA2 Cement			150.00	4225 142	12.75	1,012.41
60/40 POZ			80.00	1222 22	9.00	/10.00
C-41P			29.00		3.00	07.00
Salt			753.00	0.0 0.	0.37	282.36
Cement Friction Red C-44	ucer		43.00		4.50	100.40
FLA-322			141.00 71.00		3.86	011100
Gilsonite			750.00		5.62 0.50	000.00
Mud Flush		5	500.00		0.50	070.00
Claymax KCL Substi	tute		4.00		26.25	022.40
	& Baffle, 5 1/2"" (Blu		1.00		299.98	104.00
"Auto Fill Float Shoe			1.00		269.98	200.00
"Turbolizer, 5 1/2""			10.00		82.50	200.00
Cement Scratchers	Rotating Type		18.00	EA	37.50	
"Unit Mileage Chg (I	PU, cars one way)"		45.00	MI	3.19	Contraction of the second s
Heavy Equipment M	ileage		90.00	MI	5.25	472.47
	el. Chgs., per ton mil		473.00	EA	1.20	567.57
Depth Charge; 3001			1.00		1,619.91	1,619.91
Blending & Mixing S	-		230.00		1.05	211.10
Plug Container Util.			1.00		187.49	107.40
Casing Swivel Renta			1.00		149.99	110.00
"Service Supervisor	, first & firs on loc.		1.00	EA	131.24	131.24
					С.	22. (2010) 22. (2010)
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					eta. Pelak	
PLEASE REMIT	TO: SF	ND OTHER CORRES	PONDENCE TO	· ·	1.1.19	
					SUB TOTAL	10,526.93
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DALLAS, TX 752		RT WORTH, TX 76		TANZ	OICE TOTAL	11,279.61

BASIC PG	244 NE Hwy. 61 D. Box 8613 att, Kansas 6712 one 620-672-120	24			18 0		-	
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CCLOS Defoamer			1.6	29		.45	116	00
CIII Salt			1-12	753		5	376	50
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caol Gilsonite			1.6	750	· ·	5	502	SO
F607 Latch Down Plugard F	Zaffle 54		ea		<u>.</u>	5	14.00	+
F1251 AutoFillFloat Shoe	=. 51/2"	<u> </u>	ea	1			: 360	00
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F1651 Turbolizer. 51/2"			ea	10		\$	1,100	<u> </u>
				10 13		\$	900	
F 1651 Turbalizer, 51/2" F 2002 Rotating Scrutchers			ea ea	18		\$	900	00
F1651 Turbolizer, 51/2" F2002 Rotating Schatchers CISI Mud Flush			ea	· · · · · · · · · · · · · · · · · · ·			<u> 900</u> 430	00
F1651 Turbolizer, 51/2" F2002 Rotating Schatchers CISI Mud Flush			ea ea Gal	13		\$ 5 5	<u> 900</u> 430	00
F1651 Turbolizer, 51/2" F2002 Rotating Schutchers CISI Mud Flush]		ea ea Gal	13	SUB T	\$	<u> 900</u> 430	00
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CLOUD LITHO - Abrene, TX

FIELD	SERVICE	TICKET
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AUTHORIZED BY	,				JOB TYPE:					Carl	<u>i</u>
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FIELD SERVICE ORDER NO.

BASIC ENERGY SERVICES PRESSURE PUMPING & WIRELINE	 M 10244 NE H P.O. Box 86 Pratt, Kansa Phone 620-6 2 (-) 	13 as 67124	5-13	W		ELD SERVIC 18 09 TICKET NO			
JOB 1-10-13 DISTRICT Pro	att. Iran	595	NEW WELL					USTOMER RDER NO.:	
CUSTOMER Murfin Drilling Co	,					and a			
ADDRESS	mpany, 1	nc.	COUNTY <			O.W.W.O.		WELL NO.	1-27
		<u>·</u>		-	ford	STATE		1595	. <u> </u>
CITY STATE			SERVICE CF	REWC, (Nessich:	S. Young. 1	V.SA		
AUTHORIZED BY	····		JOB TYPE: *	<u>∼,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	题101	nastring		<u>:08</u> R	N
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products, and/or supplies includes all of and only those to become a part of this contract without the written conserved ITEM/PRICE		c Energy Se	rvices LP.		SIGNED: (ER, OPERATOR,		· · ·	
REF. NO.	PMENT AND SER	VICES US	ED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUN	NT
E 100 Pictrup Mileage				<u>f</u> nì	45		5	191	25
E 101 Heavy Equipment E 113 Bully De liver	nt Mileag	le		m	473		<u> </u> \$`	<u> </u>	200
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CE 204 Cement Pump: 30	olFeet To!	4,000	-eet	hrs	4		45	2.160	00
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