

Confidentiality Requested:

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1202030

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)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry W	/orkover	Field Name:
		Producing Formation:
		Elevation: Ground: Kelly Bushing:
Gas D&A ENHR	SIGW	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 De		
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 #:		
SWD Permit #:      ENHR Permit #:		Location of fluid disposal if hauled offsite:
GSW Permit #:		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD Com	pletion Date or	Quarter Sec TwpS. R East West
	ompletion 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	1202030
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated. De	tail all aaraa Danart all final	appiag of drill stamp tasta giving interval tastad, time task

**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).

Electric Log Run	eets)	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-o	conductor, surface, inte	ermediate, producti	on, etc.		
Purpose of String		Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIONAL	CEMENTING / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							

Did you perform a hydraulic fracturing treatment on this well?	Yes	No	(
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes	No	(
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	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						,	Depth		
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	l.	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI		49			METHOD				PRODUCTION IN	
DISPOSITION OF GAS:				METHOD OF COMPLE			Comp.	Commingled		
(If vented, Sul	bmit ACO	-18.)		(Submit ACO-5)				(Submit ACO-4)		

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

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LEASE NAME K: Fchen OPERATOR KRED WELL = KR-9 LOCATION: Miami SURFACE PIPE: 21.4 Ft 7" Cement(=bags) 5 sacks PRODUCTION: PIPE: SIZE 27% =FT 590.3 Battle 31.45 setat 558.85 Dr: Ner Brad Rig 2

hickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
		soil - clay	0.5			Shale	483-48
		lime	\$ 5-17			lime	485-49
		BIK Shale	17-18			Shale	485-49
		lime	18-19		Lirc	Shale	499-501
		shale	19-30	circ	Bleed	broken	501-50
	1	lime	30.31		Bleed	core boxedup	502-520
	1	Shale	31-37			sent to tab	
	1	lime	37-44			Shale	520.541
	1	Shale	44-87			lime	542-54
		lime	87-103			Shale	544-55
		Shale	103-111			lime	559-54
		line	111-139			Shale	540-54
		Shale	139-144			Sand some ail	545-57
		line	141-169			Shale	570-59
		Shale	169.173			Shale	590-60
	'ж Т	lime	173-17				+
		Shale	172-179			TD 601	
	Kc	lime	179-185				
		Shale	185-204				+
		Sand	204-210				
		Shale	210-290				
	\	Sandyshale	290-295				
		Shale	295-349				+
		lime	349-358				+
		Shale	358-341				
	ļ	lime	341-345				
		Shale	365-910	1		<u> </u>	+
		lime	410-418				
		Shale	418-421				
		lime	421-426				
		Shale	426-451		<u> </u>		
		lime	451-463	ļ	<u> </u>		
		Shale	463-479				
		lime	479-483				

6	CONSOLID/		26693	7		ET NUME		785 45			
						EMAN_	ired Ma	ider			
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 FIELD TICKET & TREATMENT REPORT CEMENT											
620-431-9210 DATE	Or 800-467-5676	WEL		NI SECTION		WNSHIP	RANGE	COUNTY			
3.26.14		Kitch	M. KR.9	NE		18		mi			
CUSTOMER	D. C.		Eyplx Deu				21				
MAILING ADDF		uvers t	ypit Vey	TRUCK			TRUCK #	DRIVER			
9.39	> 111 11	oth s-	4	71:		c Mad					
CITY		STATE	ZIP CODE	67		Det					
Overla	and Park	KS	66210	55		* Coc					
I		HOLE SIZE	57 HOLE DEPT				EIGHT_ 27/6	EUF			
CASING DEPTI	1 590.30 1	DRILL PIPE	Bafflo MTUBING (	8 558			OTHER				
SLURRY WEIG	нт с		WATER gal	/sk	CEME	NT LEFT in	CASING 31 +	-Plug			
DISPLACEMEN	T_ 3.24BB	DISPLACEMEN	T PSI MIX PSI			SBA		0			
the second s	told av	ew m	uting (safety)	Esta	blish c	ircula	ton Mis	xt Pump			
100 #	Gal Flu	sh. N.		SE SK		to Pro		ment			
270	Gel 1/2# P	heur Sa	alsk. Cem	at to	Surfe	ice. F	-lush po	mpt			
-lin.	s clean.	Displa	ce 21/2 Rub		us to	Batt	Le in tosi	ug.			
		100 * R	SI. Release p	VESSUV	e tose	* flo	at Value.	0			
Sho	Y in Cash	4	-								
		0				······					
	1 5 1/1-					-1					
Uta	h Drilli	4				- to	10 MODA	e			
	QUANITY of	r UNITS	DESCRIPTION of	of SERVICES	or PRODUCT		UNIT PRICE	TOTAL			
5401		1	PUMP CHARGE	<b></b>		495		1085001			
5406			MILEAGE			495		NIC			
5402	590	55.0	Casing Footo	C1.8				NIC			
5407	1/2 Minin	um	Jon miles	7		558		18400			
5502C	1/2			c Truck		675		15000			
			in in the second se					10-5			
				~				/			
1124		55 JL 5 4	50/56 for Mix		×		97750				
ILEB	24		Promion Ge	l			53 4%				
1107A	43	5#	Pheno Seal		~		58.5				
			/	Materia			108901				
				Les			-32620				
				Total	Makeri	al		762 3			
11402	/		2'2" Rubber	Plucy				2950			
				0			070				
					compl	<u>hata</u>	2537.51				
					LUIIIN	0164	-326.70	2210.81			
					-						
n 3737				Aller and a second s	7	.65%	SALES TAX	6058			
	1		-				ESTIMATED TOTAL	2271 39			
THORIZTION	Ann		TITI F				DATE				

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.