Confidentiality Requested: Yes No

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

1204586

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

City:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from Dorth / South Line of Section
Phone: NE NW SW Phone: NE NW SW SW<	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License # Name:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
CONTRACTOR: License # Name:	Phone: ()	
Name: (e.g. xxxxxx) (e.g. xxxxxx) (e.g. xxxxxx) Wellsite Geologist:		GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Purchaser: County: Designate Type of Completion:	Wellsite Geologist:	
Designate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Original Total Depth: Image: Signate Type of Completion Date or Image: Original Total Depth: Image: Signate Type of Completion Date or Image: Original Total Depth: Image: Signate Type of Completion Date or Image: Original Total Depth: Image: Original Total Depth: Image: Original Total Depth: Image: Original Total Depth: Image: Original Comp. Date: Original Total Depth: Image: Original Total Depth: Image: Original Total Depth: <tr< td=""><td></td><td>County:</td></tr<>		County:
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. Elevation: Ground: Kelly Bushing: CM (Coal Bed Methane) Temp. Abd. 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: Feet Operator: Original Total Depth: Feet Well Name: Original Total Depth: feet depth to: w//	Designate Type of Completion:	Lease Name: Well #:
Producing Formation: Oil WSW Oil WSW Gas D&A OG GSW OG GSW Charles SIGW Code GSW Cathodic Other (Core, Expl., etc.); Cathodic Other (Core, Expl., etc.); If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Operator: Well Name: Original Comp. Date: Original Total Depth: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Dual Completion Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: Choride cortent: That Reserve #: Corter or Date Reached TD Completion Date or Completion Date or	New Well Re-Entry Workover	Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Conv. to GSW Conv. to Freducer Chloride content: Multiple Stage Cementing Collar Used? If set depth to: W// set month? Feet If Alternate II completion, cement circulated from: (Date or Date Reached TD Completion Date or Date Reached TD Completion Date or Date Reached TD Completion Date or Completion Date or Completion Date or Completion Date or Date Reached TD Completion Date or Completion Date or Spud Date or Date Reached TD Completion Date or Completion Date or Spud Date or Date Reached TD Completion Date or Spud Date or		Producing Formation:
OG GSW Temp. Abd. 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 If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Original Total Depth: feet depth to: w/ Well Name: Original Total Depth: feet depth to: w/ sx cmt Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt Plug Back Conv. to ENHR Conv. to SWD Conv. to Producer Chloride content: ppm Fluid volume: bbls Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: Lease Name: Lease Name: Lease Name: Lease Name: Quarter Sec. TwpS. R East [] West		Elevation: Ground: Kelly Bushing:
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: Original Total Depth: feet depth to: w/ Original Comp. Date: Original Total Depth: feet depth to:		Total Vertical Depth: Plug Back Total Depth:
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:		Amount of Surface Pipe Set and Cemented at: Feet
Operator:	Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
Well Name:		If yes, show depth set: Feet
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Chloride content: ppm Dual Completion Permit #: Devermit #: Dev	Operator:	If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #:	Well Name:	feet depth to:w/sx cmt.
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: bbls Dual Completion Permit #: Dewatering method used: bbls SWD Permit #: Location of fluid disposal if hauled offsite: bbls GSW Permit #: Operator Name: Lease Name: License #: Spud Date or Date Reached TD Completion Date or QuarterSec TwpS. R East	Original Comp. Date: Original Total Depth:	
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: bbls Dual Completion Permit #: bbls Dewatering method used: bbls SWD Permit #: bbls Dewatering method used: bbls GSW Permit #: bbls Dewatering method used: bbls Operator Name: Location of fluid disposal if hauled offsite: Operator Name: bbls GSW Permit #: Completion Date or Completion Date or Cuarter Sec. TwpS. R East West	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East West	Plug Back Conv. to GSW Conv. to Producer	
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: License #:		Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Spud Date or Date Reached TD Completion Date or		Dewatering method used:
ENHR Permit #: Operator Name: GSW Permit #: Completion Date or Spud Date or Date Reached TD Completion Date or		
GSW Permit #: Operator Name:		Location of huid disposal if hauled offsite.
		Operator Name:
Spud Date or Date Reached ID Completion Date or		Lease Name: License #:
	Soud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
		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	1204586
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chave important tang of formations paratrated	atail all aaraa Bapart all final	annian of drill atoms toots giving interval tootod, 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 an		Sample
Samples Sent to Geolog	jical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c			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 / SQL	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
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)	ł
(If No, skip question 3)	

No

No

No

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

Shots Per Foot		PERFORATION Specify For	RECOF	RD - Bridge F Each Interval	Plugs Set/Typ Perforated	e	P		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner Rı	un:	No	
Date of First, Resumed I	Producti	on, SWD or ENHF	} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIC		246.			METHOD				PRODUCTION INT	
Vented Sold	_	Jsed on Lease		Open Hole	Perf.	Dually	Comp.	Commingled		
(If vented, Sub	mit ACO	-18.)		Other (Specify,)	(Submit /	,	(Submit ACO-4)		

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

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CODE 5406 5402 5402 5502C 1124 1118B	25 578' Minim 2 hr 91 st	nui nom s	PUMP CHARGE MILEAGE asing ton un SO Ua SO Ua S950 Bo Premium	Rotege ileage ic Purix Gel	cement			108500 105,00 368,00 180,00 180,00 180,00 7260
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CODE 5406 5402 5402 5502C 1124 1118B	25 578' Minim 2 hr 91 st	nui nom s	PUMP CHARGE MILEAGE asing ton un SO Ua SO Ua S950 Bo Premium	Rotege ileage ic Purix Gel	cement			1085.00 105.00 368.00 180.00 180.00 1046.50 77.60 29.50
CODE 5406 5402 5402 5502C 1124 1118B	25 578' Minim 2 hr 91 st	nui nom s	PUMP CHARGE MILEAGE asing ton un SO Ua SO Ua S950 Bo Premium	Rotege ileage ic Purix Gel	cement			1085.00 105.00 368.00 180.00 180.00 1046.50 77.60 29.50
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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.

· CERTITION