

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1203121

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				
Address 2:			Feet from North / South Line of Section				
City: S	State: Z	ip:+	Fe	eet from East / We	est Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section Corr	ner:		
Phone: ()			□ NE □ NW	V □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	#:		
	e-Entry	Workover	Field Name:				
	_	_	Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	□ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:			
☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	dow	тетір. дай.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Co.	re, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes N	0		
If Workover/Re-entry: Old Well Ir			If yes, show depth set:		Feet		
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:	Original T	otal Depth:					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from to				
□ Oursesia eta d	D		Chloride content:	ppm Fluid volume:	bbls		
CommingledDual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
☐ ENHR			Location of fluid disposal fi	nauleu onsite.			
GSW	Permit #:		Operator Name:				
<u> </u>			Lease Name:	License #:			
Spud Date or Date Re	eached TD	Completion Date or	QuarterSec	TwpS. R	_		
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



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes [No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
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
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	# Sacks Used Type and Percent Additives				
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Into				cture, Shot, Cement		d Depth
	, ,	<u> </u>			,			
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PPODUOTIO	ON INTERVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion				
Operator	Arbuckle Energy Inc.				
Well Name	Shields 3				
Doc ID	1203121				

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
surface	12	8	17	218	thickset	150	
longstring	8	5	11	2595	thickset	120	



266434

ticket number 43825 Location 180 FOREMAN Teffshell

ESTIMATED

	FIEL	D TICKET & TREAT	MENT REP	ORT		
D Box 884, Un 20-431-9210	anute, k5 60720 r 800-467-8676	CEMEN	r <u>apt</u>	15-115-2	7771-00 RANGE	COUNTY
DATE	CUSTOMER# WELL	NAME & NUMBER	SECTION	TOWNSHIP		
3/8/14	1070 Shields	#3	33	<u> 17</u>	4	Marion.
USTOMER			TRUCK#	DRIVER	TRUCK#	DRIVER
Ar <i>人った</i> ろ IAII ING ADDRE	le Energy inc		446	Jeremy M		
		108	491	Pustin K		
J <i>TE. J</i>	105 300 W. DOUG	ZIP CODE	1.39	Jeffs	·	
wich		67202				
W I C N	<u> </u>	7 7/8 HOLE DEPTH	2614	CASING SIZE & V	EIGHT 5/2	
OB TYPE AND	1011 1114 U.S.	:_TUBING			OTHER	
ASING DEPTH	2595 DRILL PIPE T 14.8 SLURRY VOL_		k	CEMENT LEFT in	CASING	
LURRY WEIGH	T 14,8 SLURRY VOL	T PSI MIX PSI				
ISPLACEMEN	161,76 DISPLACEMENT 9 Fety Meeting, Sie	Ka a Manin	12.0	SKS C. 1955	Aceme	nt
EMARKS: 5	2% C9/Civm 5%	Kalsogl 1'so	loved Pla	19 down w	th 613	14
		Norder and	770 00 7 20	J		
boltres	hwater					
	· · · · · · · · · · · · · · · · · · ·					,
						<u> </u>
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION o	f SERVICES or P	RODUCT	UNIT PRICE	
5401	1	PUMP CHARGE			1085.00	1085,00
5406	53	MILEAGE			4,20	223.6
<u> </u>						
11045	1.2.05K	6 ClassAcemen	<u>, + </u>		15.70	1884.00
11188	360165			·	.22	79.20
1102		calcium		<u> </u>	178	149.76
	600/65				.46	276,00
1110 A 5407A	1 tou	To Mileger	Deliver	36	1,41	448,3
	8101	Ton Milegge 5/2 centrali		/	50,50	_ I
4130		13/2 Centry/12	at clas		361.00	
4159	<u>'</u>	5/2 AFU Flo	91 3 100			266.75
4454		51/2 latch dow	n P109		<u> </u>	× 96.70
<u> </u>						
					Suptota	150251
					minus Dise	1477/6.6
						<u> </u>
<u></u>				malatad	subtotal	4308,50
			IV II	mpleted_		
					SALES TAX	195.28

l 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

TITLE Riy Formon



CONSOLIDATED

265820

43806 TICKET NUMBER LOCATION 180

()	Well Services, LLC			FOREMAN 7	eff. She	.11
	⊒ute, KS 66720 FIE	LD TICKET & TREA	TMENT REP	ORT		
PO Box 884, C 520-431-9210 or	ינונפ, תם מטובט:	CEMEN	T API	_ # 15-113	-21471	-00-00
DATE		L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/2/14 CUSTOMER	1070 Shields	井 3	33	17	4	Marion
CÚSTÓMER '	la E au au Tu	;	TRUCK#	DRIVER	TRUCK#	DRIVER
Arbuck MAILING ADDRES	le Energy In	<u></u>	446	Jeremy A		
		Davelas	681	Dustin K		
570 300		ZIP-CODE .	539	Jeff S		
wich to	KS	67202				
JOB TYPE 511	rface B HOLE SIZE	12 /4 HOLE DEPT	н <u> 219 </u>	CASING SIZE & W	EIGHT 40 8	3/9
CASING DEPTH_	205 DRILL PIPE_	TUBING			OTHER	
SLURRY WEIGHT			sk	CEMENT LEFT in	CASING	
DISPLACEMENT_		NT PSI MIX PSI		RATE		
REMARKS: Sq	fety Meeting	PAKECIKE PU	mped 150	<u> </u>	93ACCW	ent
3% C9/C	um 2% ger /6	16 Paly displace	red TO Su	orfaced w	1.74 12.66	13
fresh w						
<u> </u>				<u> </u>		<u> </u>
						··
					·	
	<u></u>					
				<u>. </u>		
ACCOUNT	QUANITY or UNITS	DESCRIPTION	of SERVICES or Pi	RODUCT	UNIT PRICE	TOTAL
CODE	QUANTI OF CHILD				870,00	870,00
54015		PUMP CHARGE			4,20	271,00
5406					T	2355,00
11045					15.70	280.80
1102	360 163		erde			V
1118 8	300 169	001			1 47	18525
1107		Polyflake Ton Mileage d Personnels	17	·	2.47	185-25
5407 A	/ <i>[OY</i>	10 h Milegge a	elivery_	1-190,00	270 001	542.85
5404	3 Ars	rersonnels	Tand by on	10091191111111	<u> </u>	470.00
						
		<u> </u>			<u> </u>	
			·			
					0.1441	5340.90
		-			1) 120 TOT9	10 <u>190, 10</u>
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	<u> </u>		enmi	datad		-
		 	NI PUIII	HGIGU	-	
		1		<u></u>	L.,	J

TOTAL

DATE

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