

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1209090

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL	HISTORY -	- DESCRIP	TION OF	WELL 8	

OPERATOR: License #			_ API No. 15				
Name:			_ Spot Description:				
Address 1:							
Address 2:			Fee	et from 🗌 North / 🗌 South Line of Section			
City: S	state: Z	p:+	Fee	et from East / West Line of Section			
Contact Person:			Footages Calculated from N	earest Outside Section Corner:			
Phone: ()			NE NW	SE SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:			(e	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 □ Gas □ D&A		SIOW	Elevation: Ground:	Kelly Bushing:			
└ Gas └ D&A └ OG		Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:			
CM (Coal Bed Methane)	03W		Amount of Surface Pipe Set	and Cemented at: Feet			
Cathodic Other (Col	re. Expl., etc.):			collar Used? Yes No			
If Workover/Re-entry: Old Well Ir			If yes, show depth set:	Feet			
Operator:				ment circulated from:			
Well Name:				w/sx cmt.			
Original Comp. Date:							
Deepening Re-perf.	_	NHR Conv. to SWD	Drilling Fluid Management	Blan			
Plug Back		SW Conv. to Producer	(Data must be collected from the				
			Chloride content:	ppm Fluid volume: bbls			
Commingled	Permit #:						
Dual Completion	Permit #:		Dewatering method used.				
SWD	Permit #:		Location of fluid disposal if h	nauled offsite:			
			Operator Name:				
GSW	Permit #:			License #:			
				S. R East 🗌 West			
Spud Date or Date Re Recompletion Date	ached TD	Completion Date or Recompletion Date		Permit #:			
		1000mpletion Bute		ι στημε π			

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 Iwo	1209090
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated. De	tail all carea. Depart all final	apping of drill stome tools giving interval toolad, 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		-	Formation (Top), Depth a		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:										
	CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, 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				T 15					

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD Plug Off Zone				

No

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)

(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				A		ement Squeeze Record d of Material Used)	Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner Ru	un:	No	
Date of First, Resumed Production, SWD or ENHR.			} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD OF COMPLETION:		TION:	_	PRODUCTION IN	TERVAL:	
Vented Sold Used on Lease				Open Hole	Perf.	Dually (Submit)	Comp.	Commingled	·	
(If vented, Sul	bmit ACC	D-18.)		Other (Specify)	(Submit)	,	(Submit ACO-4)		

Lone Jack Oil Company Blue Mound, KS 1-913-756-2307 1-620-363-0492

		1 / 10 / 00			
Lease: Stark	Operator:	David Wrestler, (General Partne	rship API # <u>15-011-</u>	23742-00-00
Contractor: Lone			7/12/10	Date Completed:	7/15/10
Total Depth:	188 feet	Well #	2	Hole Size:	<u>6 3/4</u>
Surface Pipe:	50' 8"	Surface Bit:	12 1/4	Sacks of Cement:	<u>15</u>
Depth of Seat Nip	ple:	Rag	Packer At:		
Length and Size of	*	170'	- 2 7/8	Sacks of Cement:	33
Legal Description		<u>SE</u> Sec: <u>23</u>	Twp: <u>25</u>	Range: <u>25E</u> Coun	ty: <u>Bourbon</u>

Depth	Type of Formation	Core Thickness	Depth	Time
		1	171-172	4:20 Sandy Shale
and the second se		2	172-173	5:01 Sandy Shale
And the second sec		3	173-174	5:32 Sandy Shale
and the second sec		4	174-175	5:21 Sandy Shale
and the local dispersion of the second se	Lime	5	175-176	6:17 Sandy Shale
and the second se	Shale	6	176-177	5:57 Oil Sand
62	Lime	7	177-178	5:01 Oil Sand
86	Shale	8	178-179	2:39 Oil Sand
	Lime	9	179-180	3:27 Oil Sand
		10	180-181	3:17 Black Sand
the state of the s		11	181-182	2:47 Black Sand
		12	182-183	2:48 Black Sand
		13	183-184	2:59 Black Sand
And the second design of the s		14	184-185	2:52 Black Sand
		15	185-186	2:53 Black Sand
the second se		16	186-187	3:14 Black Sand
		17	187-188	4:36 Black Sand
Contractor of the International States of the Internationa				
and the second se				
and the second s				
	Shale	٤.		
	Show of Oil (Good Bleed)	×		
	Ran Core			
188	TD			
		•		
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		2)		
				-
	-			
	2 36 42 48 49 61	2 Top Soil 36 Clay (gray) 42 Sand 48 River Gravel 49 Lime 61 Shale 62 Lime 86 Shale 88 Lime 108 Shale 109 Lime 118 Shale 119 Lime 122 Shale 124 Lime 125 Shale 133 Shale 134 Shale w/Lime Streaks 137 Lime 152 Shale 153 Lime 169 Shale 171 Show of Oil (Good Bleed) Ran Core 188 TD Itale	2 Top Soil 1 36 Clay (gray) 2 42 Sand 3 48 River Gravel 4 49 Lime 5 61 Shale 6 62 Lime 7 86 Shale 8 88 Lime 9 108 Shale 10 109 Lime 11 118 Shale 12 119 Lime 13 122 Shale 14 124 Lime 15 126 Shale 16 128 Lime 17 133 Shale 11 134 Shale w/Lime Streaks 11 152 Shale 11 153 Lime 11 153 Lime 11 153 Lime 11 169 Shale 11 171 Show of Oil (Good Bleed) 11 171 Show of Oil (Good Bleed) 11	2 Top Soil 1 171-172 36 Clay (gray) 2 172-173 42 Sand 3 173-174 48 River Gravel 4 174-175 49 Lime 5 175-176 61 Shale 6 176-177 62 Lime 7 177-178 86 Shale 8 178-179 88 Lime 9 179-180 108 Shale 10 180-181 109 Lime 11 181-182 118 Shale 12 182-183 119 Lime 13 183-184 122 Shale 14 184-185 124 Lime 15 185-186 126 Shale 16 186-187 133 Shale

BIG SUGAR LUMBER-FORT SCOTT 1005 CLARK STREET P.O. BOX 1088 FORT SCOTT, KANSAS 66701 PHONE: (620) 223-5279

Date Time 7/15/10 9:27	DOC# I72661 *************** * INVOICE * *********	BG 131.88	2.2 2.2 2.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Customer Copy	XXXXXXXXXXXXXXX360 Seq.#: 0004 Appr Code: 92171B Total: \$ 142.83	MASTERCARD Entry Method: S	Sale erchant ID: 542929800741621 erm ID: LK559264	510 SUUAR LUNDER 1005 S CLARK FORT SCOTT, KS 66701 (620) 223 5279
Clerk	TERM#557 NOLL SCOTT	PRICE/PER 10.99 /BG				TAXABLE NON-TAXAB SUBTOTAL	TAX AMOUN' TOTAL AMOI	
- L	TERM 09 MATT NOLL 001 FORT SCOTT	UNITS 12 12		B		142.83	142.83	
Terms	SLSPR: TAX	succ		S		**	BANKCARD PAYMENT BKCRD#XXXXXXXXX1360	
Reference	Ship To	DESCRIPTION PORTLAND CEMENT		Cart		** PAYMENT RECEIVED ** PAID IN FULL **	BANKCARI BKCRD#XXXX	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Job No. Purchase Order No.	* * * * *	ORDERED UM SKU BG CPPC			, ²⁴ ,	_		Received Bv
Customer No. Jo. +5	Sold To **** CASH	SHIPPED OR 12						

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Received By