Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1211137

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

WELL COMPLETION FORM

WELL HISTORY	- DESCI	RIPTION	OF WI	ELL & L	EASE

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 #							
Name:	(e.g. xx.xxxx) (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. At CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet						
Cathodic Other (Core, Expl., etc.):							
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet						
Operator:							
Well Name:							
Original Comp. Date: Original Total Depth:							
Deepening Re-perf. Conv. to ENHR Conv. to SW Plug Back Conv. to GSW Conv. to Pro							
Plug Back Conv. to GSW Conv. to Pro							
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls						
Dual Completion Permit #:	Dewatering method used:						
SWD Permit #:							
ENHR Permit #:							
GSW Permit #:							
	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. 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	1211137
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTOLICTIONS. Chave important tang of formations panetrated	Datail all carea 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 Taker (Attach Additional		Yes No		og Formatio	on (Top), Depth and	(Top), Depth and Datum			
Samples Sent to Geo		Yes No	Nam	e		Тор	Datum		
Cores Taken Electric Log Run		Yes No							
List All E. Logs Run:									
		CASING Report all strings set-c			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 / SQU	EEZE 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 hydra	ulic fracturing treatment	on this well?		Yes		o questions 2 and	d 3)		
		Iraulic fracturing treatment ex n submitted to the chemical c		? Yes		o question 3) out Page Three c	of the ACO-1)		
Shots Per Foot		ON RECORD - Bridge Plugs Footage of Each Interval Perf			cture, Shot, Cement Store and Kind of Mat		l Depth		

TUBING RECORD:	Siz	re:	Set At:		Packe	r At:	Liner Run	: Yes	No	
Date of First, Resumed	ed Production, SWD or ENHR.			Producing Me	ethod:	ping	Gas Lift	Other (Explain	n)	
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLET			TION:		PRODUCTION II	NTERVAL:	
Vented Solo	J 🗌 t	Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp.	Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)			Other (Specify)							

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

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1 - Merchant Copy	XXX CONSTITUTE		DATE SHUPPED			FLY ASH MIX 80 LBS PER BAG MONARCH PALLET PORTLAND CEMENT-94#	PTION		Ship To (785) 448-6995 (785) 448-6995	>			OMEC
PV	Taxab Non-ta Tax #		DRIVER						ship To: CEMENT 3-6995 NOT FOR HOUSE USE 3-6995	Acct rep code:			ENTER
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R.J. Enterprises 22082 NE Neosho RD Garnett, KS 66032

Ware 36-I

			Start 3-12-14
3	soil	3	Finish <i>3-13-14</i>
4	clay/rock	7	
32	lime	39	
167	shale	206	
32	lime	238	
30	shale	268	
2	lime	270	
39	shale	309	set 20' of 7"
109	lime	418	ran 851.4' of 27/8
168	shale	586	cemented to surface 84 sxs
18	lime	604	
56	shale	660	
30	lime	690	
24	shale	714	
12	lime	726	
15	shale	741	
7	lime	748	
15	shale	7 63	
5	lime	768	
12	shale	7 80	
10	sandy shale	790	odor
35	Bkn sand	825	good show
4	Dk sand	829	show
28	shale	857	<i>T.D.</i>