

Co	nfiden	tiality	[,] Requeste	ed:
	Yes	N	lo	

Kansas Corporation Commission Oil & Gas Conservation Division

1211524

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 🗌 East 🗌 West			
Address 2:	Feet from			
City: State: Zip:+	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □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 #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name: Original Total Depth: Original Total Depth:	feet depth to: w/ sx cmt. Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #: Dual Completion Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:			
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Operator Name:			
GSW Permit #:	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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



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			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) 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)		

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665 No. 6301

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ALLIED CEMENTING CO., LLC. 041540 Federal Tax I.D.# 20-5975804

REMIT TO P.O. B RUSS	SOX 31 ELL, KAN	NSAS 676	65		SER	RVICE POINT:	e//
DATE 6-13-16	SEC.	TWP.	RANGE //	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE Kaiser	WELL#	2	LOCATION C	affin /E	72 C	COUNTY	STATE S.
OLD OR NEW (Cir			Wish	44/12/2	J, 5 J	Barton	JES.
CONTRACTOR TYPE OF JOB P HOLE SIZE 2	14			OWNER CEMENT			
CASING SIZE		DEF		AMOUNT ORE	DERED /F5	5% 43	C 1 11.40
TUBING SIZE	11	DEF			JEKED 103	10 10.	00/ 19.70
DRILL PIPE 5 /2 TOOL	/2		TH JJJ 2		- 2-		and A. Welling all the care
PRES. MAX		DEF MIN	IIMUM	COMMON	///		
MEAS. LINE			DE JOINT	COMMON POZMIX	7/1		1498.50
CEMENT LEFT IN	CSG.		230111	GEL	74		558,70
PERFS.				CHLORIDE	9	_@ <i>20, 25</i> @	121,50
DISPLACEMENT				ASC		_ @	
	EQUI	PMENT		Flo Sec	1 46		112,70
PUMP TRUCK C	EMENTE	R .				@	
	ELPER	Sha	1 5			@	
BULK TRUCK			1			_ @	
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BULK TRUCK						_ @	
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Rat the 30	16.			MANIFOLD		@	7.07.00
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CHARGE TO: 211	ی ک	2/1		_		TOTAL	1264,00
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						@	
To Allied Cementin	o Co II	C		Dry H	le Au,	@	40.00
You are hereby requ			nting equipment			@	10,00
and furnish cemente	er and heli	per(s) to a	assist owner or			@	
contractor to do wor	rk as is lis	ted. The	above work was				
done to satisfaction	and super	vision of	owner agent or			TOTAL	40.00
contractor. I have re	ead and ur	nderstand	the "GENERAL				
TERMS AND CON	DITIONS	" listed o	n the reverse side	SALES TAX (If A	any)		_
				TOTAL CHARGE	es Com		
PRINTED NAME			_				
1	6	-//	1	DISCOUNT		IF PAID	IN 30 DAYS
SIGNATURE W	lliam	Sa	nder	-			

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

July 01, 2014

Leslie or Barbara Logan Logan, Leslie dba L. B. Oil 211 8TH ST CLAFLIN, KS 67525-8914

Re: ACO-1 API 15-009-25420-00-00 KAISER 2 NE/4 Sec.22-18S-11W Barton County, Kansas

Dear Leslie or Barbara Logan:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/7/2010 and the ACO-1 was received on June 25, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department