Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1211913

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:	
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 #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
☐ OG	Total Vertical Depth: Plug Back Total Depth:
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:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	QuarterSecTwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date 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	1211913
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTOLICTIONS. Chow important tapa of formations panatrated	Datail all agree Bapart al	I final conice of drill stome tests giving interval tested, time test

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	L	og Formatio	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		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	IEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	Percent Additives	
Protect Casing							

Did you perform a hydraulic	fracturing treatment	on this well?		Yes	No	(If No, skip questions 2 and 3)	
Plug Off Zone							
Protect Casing							
Perforate	TOP BOttom						

Dia you ponorin a hydraulo naolanng roadhont on the work.	
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	

(If No, skip question 3)

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

Shots Per Foot				RECORD - Bridge Plugs Set/Type age of Each Interval Perforated			,	Depth		
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	l Producti	on, SWD or ENHF	} .	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITI	ION OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	d 🗌 l	Jsed on Lease	(Open Hole	Perf.	Dually		Commingled		
(If vented, Submit ACO-18.)				(Submit A Other (Specify)			, (,			

SWIFT P. O. Box 466			Invoice
Ness City, KS 67. Off: 785-798-23	560 7. 0	DATE	INVOICE #
Services, Vice	and the second s	6/4/2014	26276

Vess Oil Corporation 1700 Waterfront Parkway Building 500 Wichita, KS 67206

- Acidizing
- Cement
- Tool Rental

TERMS	Well N	lo.	Lease	County	Contractor	Wel	I Туре	Type Well Ca		pe Well Cat		Job Purpose	Operator
Net 30	#5 SW	'n	Arnold	Ness	NorthFork Well S	Dis	sposal		Workover	Cement 5-1/2" Li	Wayne		
PRICE	RICE REF. DESCRIPTION QTY							Y	UM	UNIT PRICE	AMOUNT		
575W 578W-D 407-5 410-5 330 290 581W 583W		Pun 5 1/ 5 1/ Swi D-A Ser Dra	vice Charge Cem ayage biotal	hoe With Auto Standard (MII ent				1 1 350 8	Sacks	6.00 1,500.00 375.00 100.00 18.50 42.00 2.00 1.00	240.00T 1,500.00T 375.00T 100.00T 6,475.00T 336.00T 700.00T 697.00T 10,423.00 0.00		
We A	\ppr	 eci	iate Your	Busine	ss!				Tota	 al	\$10,423.00		

	JG		This the		SWIFT Serv		DATE 6 4-14 PAGE NO
	On	<u>G.</u>	WELL NO.	SWA	LEASE ARNOLD	JOB TYPE " LINER	TICKET NO. 26276
CHARY NO.	TIME	RATE (BPM)	VOLUME (BBI) (GAL)	PUMPS T C	PRESSURE (PSI) TUBING CASING	DESCRIPTION OF OPERATIO	
	1300			 		ON LOLATION	
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÷						51/2"-14" LINCE = 45	90
	}	-				PERES: 4106-85 454	12-50
. <u> </u>	1430	4	120				
		<u> </u>	120		100	LOAD HOLE - INT RATE -	ANJULIS BLOW
	1500	4'/4	111	~	0	Max CEMENT - 200 SKS -	11. 2
		4.	13		0	50 SV3 4	
						003634	1410 PP6
	1530					WASH OUT PUMP - LENES	<u></u>
	1530					RELEASE TOP PLUG	
					-		
	1535	1	0	/	0	OBPLACE PLUG	
		3	110		800		
	1600	3	112		1200	PING DOWN	
		+				<u> </u>	
	1605	<u> </u>		╾╌┼╾╌┼	OK	RELEASE PST-HELS (RE	Ase soo ste)
							N
						CORCULATOS O SK& COMA	TTO Par
	1615	2	56		150	Pup 100 up Course	
						Rimp 100 SKS CEMENT DO	WW ANNULUS
				╾┼╼╊		SHITIN	
						<u>3</u> 70/20	
						WASH YAXK	
	1730					JOB COMPLETE	
						THANK YOU)
						WANDE DAVE	K. CRAIG
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