Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1208743

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.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:				
□ OG □ GSW □ Temp. Abd.	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?				
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 #: Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 III Approved by: Date:

	Page Two	1208743
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS, Chow important tang of formations populated	Dotail all coros Report all	final conject of drill stome tasts giving interval tasted, 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		Log Formatio	n (Top), Depth an	(Top), Depth and Datum	
Samples Sent to Geological Survey		Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		lew Used termediate, producti	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 / SC	UEEZE RECORD			
Purpose: Depth Top Bottom		Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 an	d 3)

Did you perform a hydraulic fracturing treatment on this well?
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?

	(
No	(If No, skip question 3)

No (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						ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD: Size: Set At:				Packer	r At:	Liner R	un:	No		
Date of First, Resumed Production, SWD or ENHR.			} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS:		METHOD OF COMPLET		TION:		PRODUCTION IN	TERVAL:			
Vented Sold Used on Lease				Open Hole	Perf.	Dually		Commingled		
(If vented, Submit ACO-18.)				Other (Specify))	(Submit /	,	(Submit ACO-4)		

Yes

Yes

Form	ACO1 - Well Completion
Operator	Future Acquisition Company LLC
Well Name	Belvedere 1
Doc ID	1208743

Tops

Name	Тор	Datum
Admire	665	(664)
Toronto Lime	1652	(-323)
latan	1801	(-472)
Stalnaker	1850	(-521)
Cleveland	2547	(-1218)
Marmaton	2612	(-1283)
Mississippian	3037	(-1708)
Woodford	3491	(-2162)
Arbuckle	3495	(-2166)

Form	ACO1 - Well Completion
Operator	Future Acquisition Company LLC
Well Name	Belvedere 1
Doc ID	1208743

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	324	Class A		From orig drill - no cement tkt to submit
Production	7.875	5.5	15.5	3587	Class A	275	

	CONSOLI Oil Well Serv	Consolidated Oil Woll Services LLC			MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012	
INVOI	CE				Invoice #	266215
	======================================		==== == ==============================			
	FUTURE ACQUISIT P.O. BOX 1129 FULSHEAR TX 77 (832)831-3700					
=====						
Part 1104s 1102 1118B 1110A 1144G 4114 4136 4159 4454	5 	CALCIUM PREMIUM KOL SEA MUD FLU RECIPRO TURBOLI FLOAT S	tion A" CEMENT (SALE) CHLORIDE (50#) GEL / BENTONITE L (50# BAG) SH (SALE) CATING CEMENT BAS ZER 5 1/2" HOE AFU 5 1/2" LATCH DOWN PLUG	$\begin{array}{cccc} 275.00 \\ 450.00 \\ 1100.00 \\ 1400.00 \\ 500.00 \\ 5 & 2.00 \end{array}$.7800 .2200 .4600 .0000 290.0000 75.7500 361.0000	$\begin{array}{r} 4317.50 \\ 351.00 \\ 242.00 \\ 644.00 \\ .00 \end{array}$
Suble 9996- 9995-			tion MATERIAL DISCOUN EQUIPMENT DISCOUN			Total -721.68 -214.55
603 603 603 702	603CEMENT PUMP1603EQUIPMENT MILEAGE (ONE WAY)50603CASING FOOTAGE2098702MIN. BULK DELIVERY1				.23 368.00	Total 1085.00 210.00 482.54 368.00
				7389		
			Amount Due	9824.16 if pa	id after 03/3	30/2014
=====						and the second s

Parts:	7216.75	Freight:	.00	Tax:	415.68	AR	8841.74
Labor:	.00	Misc:	.00	Total:	8841.74		
Sublt:	-936.23	Supplies:	.00	Change:	.00		
₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽							

 Signed_______
 Date______

 BARTLESVILLE, OK
 EL DORADO, KS
 EUREKA, KS
 PONCA CITY, OK
 OAKLEY, KS
 OTTAWA, KS
 THAYER, KS
 GILLETTE, WY
 CUSHING, OK

 918/338-0808
 316/322-7022
 620/583-7664
 580/762-2303
 785/672-8822
 785/242-4044
 620/839-5269
 307/686-4914
 918/225-2650

b 27 14 02:20p	ě.				þ	o.1
	TED 260	0215			RO	918 bcm
PO Box 884, Chanute, KS 66720	FIELD TICKE			ORT		
620-431-9210 or 800-467-8676	¥	CEMEN		Ap; 15-0.	35-2444-	00-01
DATE CUSTOMER #	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
L-26-14 CUSTOMER	Belvedere #		4	32	6E	could
MAILING ADDRESS POBOX 1129 CITY FG1 Shear JOB TYPE Long String B HI CASING DEPTH 3598 DISPLACEMENT 65.63 DISPLACEMENT 65.63 DISPLACEMENT 65.63 DISPLACEMENT 65.63 With drilling mud 250 Stor class	TATE ZIP CODE +X 27441 OLE SIZE 77/8 RILL PIPE LURRY VOL 73 95 ISPLACEMENT PSI 1000 ting, Bun pipe Jand pipe 10 pump 5 bbl m SA 21/cc 41	HOLE DEPTH TUBING WATER gal/sl MIX PSI 30 Contr Dad 40 Sect 5	lizer on	CEMENT LEFT IN RATE 6.3 6	OTHER CASING <u>42</u> PM 30, 45 30 min	DRIVER 15.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516 1.5.516
held plug	Rathale with	Unid	at 1500 Sks cl	ips; che lass A 4%.c	jel 2% c	L' + lott

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL
5401	1	PUMP CHARGE	1085,00	pes,00
5406	50	MILEAGE	4.2.0	210.00
5407	1	Min bulk delivery	368,00	368.00
5402	2098	Footage	,23	482.54
11045	275	class A	15.70	4317.50
1102	450	Calcium chloride	-78	351.00
118 B	1100	GP.1	,22	242,00 "
11DA	1400	Kol-Scal	146	644,00 .
1445	500	DV 1100 (mud flish)	1.10	NIC .
4114	2	Baskets (weatherford) 51/2	290,00	580.00
4136	6	Turbolizer 51/2	75.75	454,50
4159	1	S/12 AFu Shoe	361.00	361,00 1
4454	1	51/2 Latch down plug	2(1.75	266.75
			1	
			Subblel	9362.29
		10% discount	-	936,23 1
		completed	totat	8426,26
avin 3737			SALES TAX	415.68
	Holen Da	no Do Aiting Daws	ESTIMATED TOTAL	8841.74
UTHORIZTION_	VUMEN - DI	UN TRUEVED USS	DATE	

11 TON fordere all 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