Confidentiality Requested: Yes No

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

1212783

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 Dorth / 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:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	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 #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Reached TD Completion Date or 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 1212783				
Operator Name:	Lease Name:	Well #:			
Sec TwpS. R □ East □ West	County:				
INCTOLICTIONS. Chave important tang of formations panetrated	Datail all aaroa Bapart all final	conico of drill atoma tooto giving interval tootod, time tool			

Depth

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	pets)	Yes No		og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog		Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	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 / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulic Does the volume of the tota	0	on this well? raulic fracturing treatment ex	ceed 350,000 gallons'			o questions 2 an o question 3)	d 3)

Was the hy

Vas the hydraulic fractur	ing treati	ment information submitte	ed to the chemic	al disclosure	registry?	Yes	No	(If No, fill out Page Three of the	ACO-1)
Shots Per Foot		PERFORATION RECO Specify Footage of			e	Aci		ot, Cement Squeeze Record I Kind of Material Used)	Depth
TUBING RECORD:	Siz	ze: Set A	.t:	Packe	r At:	Liner Run:	Yes	No	
Date of First, Resumed	Producti	on, SWD or ENHR.	Producing M	ethod:	ping	Gas Lift	Other (Exp	lain)	
Estimated Production Per 24 Hours		Oil Bbls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
					1				

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

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

HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

Daniel #DI-5 API # 15-003-24906-00-00 SPUD DATE 8-24-10

		ward to d	
Footage	Formation	Thickness	Set 42.15' of 7"
2	Topsoil	2	TD 804'
31	clay	29	Ran 801' of 2 7/8
41	shale	10	
67	lime	26	
94	shale	27	
99	lime	5	
125	shale	26	
135	lime	10	
147	shale	12	
156	lime	9	
161	shale	5	
200	lime	39	
208	shale	8	
234	lime	26	
239	shale	5	
250	lime	11	
258	sand	8	
285	shale	27	
299	sand	14	
424	shale	125	
431	red bed	7	
446	lime	15	
497	shale	51	
506	lime	9	
523	shale	17	
526	lime	3	
550	shale	24	
565	lime	15	
582	shale	17	
586	lime	4	
618	shale	32	
620	sandy shale	2	
643	sand	23	good odor, good bleed
658	shale	15	Bood office, Bood office
660	sand	2	little odor, no bleed
720	shale	60	nucle outer, no oreed
720	coal	1	
748	shale	27	
754	sand shale	6	
766	sand	12	
770	sandy shale	3	
770	black sand	2	
		1	
773	coal	31	
804	shale	51	

802 N. Indu P.O. Box 66 Iola, Kansa Phone: (620	4 s 66749	Payless Co	oncrete Pro	ducts, Inc	under truck's own seller assumes no roadways, driveway risk. The maximum charge will be max water contents for a strength test when v NOTICE TO OWNE Failure of this cont	ractor to pay those persons sup act can result in the filing of a m	's or intermediary's direction, nany manner to sidewalks, etc., which are at customer's cks is 5 minutes per yard. A not assume responsibility for lest.
SOLD TO			DI-	5 JR11/2	h		
J. R. C.	OIL COMPANY NE WILSON RD		90 5X	JRC OI 169 N AIRPOR WILSON	T CO., INC/P. TO RND ABOUT T (1750RD),E RD,S. 1 MI T,KS 66032-0	, E. TO . 6. 5M. TO	
TIME	FORMULA	LOAD SIZE	YARDS ORDERED	and the second	DRIVER/TRUCK		PLANT/TRANSACTION #
10:20:47a	WELL.	4.50 yd	9.00 yd	9.00	10m 34	% AIN 0.00	
DATE	To Bate	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
08-30-10	Today	6 r	13.50 yd	14117		4.00 in	27388
Contains Portland Cemer CAUSE BURNS. Avoid C Contact With Skin or Eye Attention. KEEP CHILDR2 CONCRETE is a PERISHABL LEAVING the PLANT. ANY TELEPHONED to the OFFICI The undersigned promises tr any sums owed. All accounts not paid within 30 Not Responsible for Reactiv Material is Delivered. A \$25 Service Charge and Excess Delay Time Charged (E COMMODITY and BECOMES the PROI CHANGES OR CANCELLATION of ORIC BEFORE LOADING STARTS. o pay all costs, including reasonable atto days of delivery will bear interest at the rat e Aggregate or Color Quality. No Clain Loss of the Cash Discount will be colle § \$50/HR.	ROLONGED CONTACT MAY ontact With Skin. In Case of rritation Persists, Get Medical PERTY of the PURCHASER UPON SINAL INSTRUCTIONS MUST be mays' fees, incurred in collecting e of 24% per annum. Allowed Unless Made at Time cted on all Returned Checks.	you for your signature is of the op truck may possibly cause damag property if it places the material if our wish to help you in every way the drive is requesting that you s this supplier from any responsibilit to the premises and/or adjace driveways, curbs, etc., by the ddi also agree to help him remove m, that he will not litter the public stri tion, the undersigned agrees to ino of his truck and this supplier for a	ruck in presenting this RELEASE to inion that the size and weight of his to the premises and/or adjacent this load where you desire it. It is deal where you desire it. It is that we can built in order to do this gn this RELEASE releving him and y from any damage that may occur nt property, buildings, sidewalds, way of this material, and that you d from the wheels of his vehicle so deflort the wheels of his vehicle so the Further, as additional considera- emnify and hold harmless the driver and hold harmless the driver and build amage to the premises ay be claimed by anyone to have	GAL X	OW INDICATES THAT I HAVE R LL NOT BE RESPONSIBLE FO JRB LINE.	EAD THE HEALTH WARNING DR ANY DAMAGE CAUSED
QUANTITY	CODE	DESCRIPTION				UNIT PRICE	EXTENDED PRICE
4.50 2.00	WELL TRUCKING	WELL (10 S TRUCKING C	ACKS PER UNI HARGE	[)	13.50 4.00	76.00 50.00	342.00 100.00
RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/C	YLINDER TEST TAKEN	TIME ALLOWED	bTotal \$	442.00
LEFT PLANT	ARRIVED JOB	START UNLOADING	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AREAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	TIME DUE	ADDITIONAL CHARGE 1	34.48 476.48 1321.64
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME			DELAY TIME	ADDITIONAL CHARGE 2	
				Lange States		ABBITIONAL ONAIIOE 2	The second se