Confidentiality Requested: Yes No

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1213404

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

## WELL COMPLETION FORM

				•••••	
WELL HISTORY	- DESC	RIPTION	OF W	ELL &	LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	Sec TwpS. R East 🗌 West
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 #	, 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:
OG GSW Temp. Abd     CM (Cool Bod Mathema)	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWE	Drining Fluid Management Flain
Plug Back Conv. to GSW Conv. to Prod	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
ENHR Permit #:	
GSW Permit #:	
	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 Iwo	1213404
Operator Name:	Lease Name:	Well #:
Sec TwpS. R   East  West	County:	
INCTRUCTIONS: Chain important tang of formations paratrated De	tail all aaraa Danart all final	conico of drill stome toste giving interval tosted, 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		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical 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 / SQU	EEZE RECORD			
Purpose:	Depth	Trace of Ocean ant	III On also I land		Turne and D		

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No

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						A	Depth		
TUBING RECORD:	Siz	ze:	Set At:	t: Packer At: Li			Liner Ru	n:	No	
Date of First, Resumed Production, SWD or ENHR.				A. Producing Method:				Other (Explain)		
Estimated Production Oil Bbls Per 24 Hours		ls.	Gas Mcf		Water		Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:							_	PRODUCTION IN	TERVAL:	
Vented Sold Used on Lease				Open Hole	Perf.	Uually (Submit)	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	D-18.)		Other (Specify)	)		,	(505/111 ACO-4)		

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

Form	ACO1 - Well Completion						
Operator	Coral Coast Petroleum, L.C.						
Well Name	Harden 1-17						
Doc ID	1213404						

All Electric Logs Run

Sonic	
Neurton Density	
Micro	
Dual Induction	

	ENERGY Liberal	SERVICE: , Kansas							ent Report
Customer			Pet. LC	Lease No.	HAndlen	1-17	Date	01-01-	-14
10000 1/	Anclen			Well # /	17		Service Rece	117-04:	373A
Casing X	5/811	Depth 61	1'	County C	ARK		State 175	,	
Job Type	142 Su	nface	Formation Hosen	5001		Legal Descriptio	7-32-21	API 00.	5 - 025-21570-00-0
- P	12	Pipe [				Perforatin		the second se	nent Data
Casing size	85%"		Tabing Size: 04	12/41		Shots	/Ft	Lea	d 175 sks-12ppg
	19 1		Depth 612	1	From		То	37	10175sks-12ppg Bow Blent Common OC; Yy#sk NofInke
Volume		7	Volume		From		То		
Max Press			Max Press		From		То	Tail	in 1755/05-15-619
Well Conne	ction		Annulus Vol.		From		То	Cu.	CC With I
Plug Depth			Packer Depth	Packer Depth			То	Cel	E.C. V/4# sk
	Casing	Tubing	Dhis Dumbed	Bate			Servic	ce Log	
Time	Pressure	Pressure	Bbls. Pumbed	nale		Called	Dut		
1300			+		-	DNLO			میں میں میں میں ایک ایک ایک ایک ایک میں
<u>1600</u> 1650						RUN Flor	of Equi	mat	
1900				š	+		tom-wo		High
1915			1			A 4	HUALIS MA		V 72 #
1935			77BBL5	5~			of Read	0 1	2000
	100		377584	5		-	ATAIL C		5.6000
1955	100		2105			\ *		went	
2010			36,3BBLE	51		DROG P Displace	,		
2015	800		36,50015	3	1	Lawl	5000	i taven	SOGAC
2025	DW		<u> </u>			Plana	1 Flor	+ Hola	800 <sub>1</sub> 05°,
						Nest here	Furnis th	In An	ATL
			+						ne count
					+				
1030			170000	2		HTL. R.	101	Delee 1	Top up Omnoh! Comont
0000			23BBLS	~	(1:40	37. CC	1/4 1/2	ek Coll	Plalco
									1.3 cufts /c
Alle the -7 -1	<i><i>(112-</i></i>						Returs		
0130	0130		17001-	~7	10	100 1	ICIANS	co Alor	At C Consent
0430			ZIBBLS	2	1	Tak 35	In A.	L' R	i la i la
					1				NI BRIGIC
						TPP9		~	
						ull Retur			neto
		N.C.		100.4		of Ging		- / 1	pop 1.
Service Uni	- / /	155 7en	17686-19905 171ichard	19959- Jesse	19860	70959-1 PAL	19918		

Ceci/

JERRI, Beamett Station Manager

RDGer Brever Taylor Printing, Inc.

**Customer Representative** 



## TREATMENT REPORT

Customer CORAL - CORST RH Lease No.						Date									
Lease	RDEN	0,10,7		We	ell #	/ /					01 -	16 -	14		
Field Order #	Station	PRAt	+ 12	2		4	Casing	2	Depth	l .	Count		eK		State
Type Job	) P.	T.A	2. 11						mation		· · · · ·		Legal De	scription $7 - 32$	1-21
PIPE	DATA	PERF	ORATI	NG [	DATA		FLUID L	JSED	1					RESUME	1. ·
Casing Size	Tubing Size	Shots/Fi		-		Aci	d C.C. M	6-0	= A 5-	Pro Pro	BATE	PRES	SDEI	ISIP	7 6 2 4 14 1
Depth	Depth	From	1	Го	đi	Pre	Pad			Max				5 Min.	2
Volume	Volume	From	1	Го	**	Pac	<b>j</b>	а.		Min				10 Min.	
Max Press	Max Press	From	г	Го		Fra	С	10		Avg				15 Min.	¥
Well Connection	Annulus Vol	. From	г	Го						HHP Used	ł			Annulus F	Pressure
Plug Depth	Packer Dep	th From	г	б		Flue	sh			Gas Volun	ne			Total Load	d
Customer Repre	esentative	-			Station	Mana	ager DA	UE S	Scutt	t.	Trea	ater R 6	ent	J	)
Service Units 3	7900 3	33708	20920	2	19820	6	73768	×							
Driver Names	ullism	GAA	15		HAN	hy									
Time	Casing Pressure	Tubing Pressure	Bbls. F	Pump	ed	(	Rate					Service	e Log		5
10:00								011	he	SDY	41	med	1		
			×							/	/ .	`,	/		
· · ·						2			P.	TA.					
			X				-	0.	1/0	sty					
1035.							к	Plu	Y C	1050	5 4	1.50	skila	140002	
				5			,	SPA	Cel	E. 4.			2 2-1-3	/	floor
			1	0.5	_			CMY	115	2				a de la compañía	
10.40	· · · · · · · · · · · · · · · · · · ·			5				0.56		Shet	dea			- 	
						1		01			/	1.		2	
		-					-	Pluj	e	640	4	505	K		
11.00	· · · · ·			5	_		a - 1	SPAC	Ph			4 S.			
il'al			10		6	8		ent		1	/		0	* 0. *	
11:06				2				Des?	K S	Shot de	on_	/			
1140			1					11	/	- 0					-
1170			*					PIL	/	TOP: AL	50	5 4	130	SK 100	140 907_
12:00								DI	1	RIT W	/ 30	1 SK	6) 14 13	a st	
2.00				4				14		NIH L	10	s.K.			
							-		50	B /		1.1.		at at No. No. No.	1
				1				1	~01	10	my	1 07 (-	L		
									*)	-		THA	AU.	Ju	
			e E				и н.	а 							
				1000				and the second second second	A Discourse and		-				

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Taylor Printing, Inc. 620-672-3656

P.O. Box (	66 • Woodward, OK 73802 3999
Ce	ment Job Sheet
Truck#	Date 12/30/13
Mileage out:	Mileage in:
Driver:	
Job Name: Oral	bast-Harden 1-17
Lanal Deceriptions	
Legal Description.	
Rig #:	Driller: Dale

Quantity	Description	Comments
1012	yds graut	Kada
		*** <sub>1110</sub>
		J SPC30657