



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214310
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- 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:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. 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: _____

1214310

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes 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	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC			DATE 06-APR-13		F.R. # 1001977032		SERV. SUPV. Justin D Stamper						
LEASE & WELL NAME KNOCHE TRUST 2408 #31-1 - API 1515521610000			LOCATION 31-24S-8W				COUNTY-PARISH-BLOCK Reno Kansas						
DISTRICT McAlester			DRILLING CONTRACTOR RIG #				TYPE OF JOB Surface						
SIZE & TYPE OF PLUGS		LIST-CSG-HARDWARE			MECHANICAL BARRIERS		MD	TVD	HANGER TYPES		MD	TVD	
9-5/8" Top Cem Plug, Nitrile cvr, Phe		Shoe PROVIDED BY CUSTOMER											
PHYSICAL SLURRY PROPERTIES													
MATERIALS FURNISHED BY BJ			LAB REPORT NO.			SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER	
WATER							8.4				20		
C + 2%CACL2+.25#CELLOFLK						270	14.8	1.35	6.34	02:45	64.74	40.74	
WATER							8.34				24		
Available Mix Water 500 Bbl.			Available Displ. Fluid 500 Bbl.			TOTAL					108.74	40.74	
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS				
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE	
12.25		350	8.921	9.625	36	CSG	350	350	J-55				
LAST CASING			PKR-CMT RET-BR PL-LINER			PERF. DEPTH		TOP CONN		WELL FLUID			
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
18.	18	47.		60	60					9.625	8RD		
DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER		
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator			
24	BBLs	WATER	8.34	150					2860	1500	RIG		
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, RIG UP, WAIT ON CASING													
PRESSURE/RATE DETAIL						EXPLANATION							
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>							
	PIPE	ANNULUS				TEST LINES 3400 PSI							
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>							
00:00						ARRIVE ON LOCATION							
02:00						SAFETY MEETING							
02:34	3400				WATER	TEST LINES, START WATER SPACER							
02:40	150		4	20	WATER	FINISH WATER, START SLURRY							
02:57	90		4	67	SLURRY	FINISH SLURRY, SHUT DOWN, DROP PLUG AND DISPLACE							
03:07	130		3	24	WATER	BUMP PLUG, PRESSURE UP TO 1120 PSI							
03:12					WATER	BLEED OFF RECIVED .25 BBLs BACK TO TRUCK							
						FLOATS HOLDING							
						THANK YOU FOR USING BHI							
						JUSTIN STAMPER AND CREW							
BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:						
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1120	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	34	111	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC			DATE 16-APR-13		F.R. # 1001979996		SERV. SUPV. Jonathan M Schulz						
LEASE & WELL NAME KNOCHE TRUST 2408 #31-1 - API 1515521610000			LOCATION 31-24S-8W			COUNTY-PARISH-BLOCK Reno Kansas							
DISTRICT McAlester			DRILLING CONTRACTOR RIG #			TYPE OF JOB Intermediate							
SIZE & TYPE OF PLUGS		LIST-CSG-HARDWARE			MECHANICAL BARRIERS		MD	TVD	HANGER TYPES		MD	TVD	
		Provided by Customer											
MATERIALS FURNISHED BY BJ				LAB REPORT NO.		PHYSICAL SLURRY PROPERTIES							
						SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER	
SealBond Spacer							8.45				40		
C15:85:8 + 4pps Kolseal+10%Salt+1/4ppsCelloflake +						235	12.4	2.45	13.52	05:45	100	73.77	
C50:50:2 +4pps Kolseal+ .15% Fl-52+5%Salt+1/4ppsC						85	14.2	1.32	5.66	04:33	21	12.04	
fresh water							8.34				163		
Available Mix Water 400 Bbl.			Available Displ. Fluid 300 Bbl.			TOTAL			324	85.81			
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS				
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE	
8.75		4309	6.366	7	23	CSG	4291	4291	L-80				
LAST CASING			PKR-CMT RET-BR PL-LINER			PERF. DEPTH		TOP CONN		WELL FLUID			
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
8.9	9.625	36	CSG	364	364			4600	4600	7	8RD		
DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER		
VOLUME	UOM	TYPE		WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator		
163	BBLS	fresh water		8.34	800						4000	Rig Tank	
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: Arrive on location 1300, Top drive broke down, Running Casing,													
PRESSURE/RATE DETAIL						EXPLANATION							
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>							
	PIPE	ANNULUS				TEST LINES 5200 PSI							
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>							
13:00						Arrive on location							
00:00				40	SPACER	rig pumps sealbond spacer							
00:28	5300				WATER	test pumps & lines							
00:33	113		4		LEAD	open well/start lead slurry 12.4ppg							
00:57	300		4	100	LEAD	end lead slurry/start tail slurry 14.2ppg							
01:04	115		3	21	TAIL	end tail slurry							
01:11	96		3		WATER	drop TRP/start displacement							
01:30	300		5	60	WATER	catch cement slow rate to 4bpm							
01:51	1038		4	150	WATER	bbls pumped slow rate to bump							
01:56	1550		3	163	WATER	bump plug/conduct casing test							
02:02	1560					end test							
02:03	0			-75		check floats/ holding/ bbls back							
						Calculated Top of Lead 874'							
						Calculated Top of Tail 3785'							
						Thanks for Using BHI Pressure Pumping							
						Jonathan Schulz & Crew							
BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:						
<input checked="" type="checkbox"/> Y	N 1550	<input checked="" type="checkbox"/> Y	N 0	324	0	Y <input type="checkbox"/> N							

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



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

Sam Brownback, Governor

July 21, 2014

Monica Aguilar
Tapstone Energy, LLC
PO BOX 1608
OKLAHOMA CITY, OK 73101-1608

Re: ACO-1
API 15-155-21610-00-00
Knoche Trust 2408 31-1
NE/4 Sec.31-24S-08W
Reno County, Kansas

Dear Monica Aguilar:

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 03/01/2013 and the ACO-1 was received on July 17, 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