



Confidentiality Requested:

Yes No

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: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BLYTHE 2-1
Doc ID	1215958

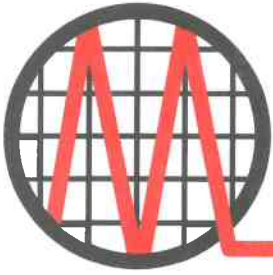
All Electric Logs Run

Comp. Neutron PEL Density Micro Log
PH Shallow Focus SP Log
Gamma Ray/Neutron/CCL
Gamma Ray/Cement Bond/CCL

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BLYTHE 2-1
Doc ID	1215958

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	762-779	1000gals 15% HCL Acid w/NeFe	762-779
2	390-399	Bridge Plug set @	600
		100gals 15% HCL Acid, 200#'s 16/30 Brown sand;	390-399
		130bbls City Water	
		225gals 15% HCL Acid, 11,000gals City Water	390-399
		4,000#'s Sand	



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064
Phone 913-755-2128 • Fax 913-755-6533

Bridge Plug Record

Company: GRAND MESA OPERATING COMPANY

Lease/Field: BLYTHE LEASE

Well: # 2-1

County, State: BOURBON COUNTY, KANSAS

Service Order #: 31478

Purchase Order #: N/A

Date: 6/6/2014

Bridge Plug Set @: 600.0

Type of Jet, Gun or Charge: 3.50" PLUG WELL BRIDGE PLUG 10,000# RATED

Number of Jets, Guns or Charges: ONE (1)

Casing Size: 4 1/2"



CONSOLIDATED

Oil Well Services, LLC

268826

TICKET NUMBER **49293**

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

LOCATION Thayer, KS

FIELD TICKET

DATE <u>6-13-14</u>	CUSTOMER ACCT # <u>3372</u>	WELL NAME <u>Blythe 2-i</u>	QTR/QTR	SECTION <u>20</u>	TWP <u>25S</u>	RGE <u>22E</u>	COUNTY <u>Barber</u>	FORMATION <u>Wessex</u>
CHARGE TO <u>WIPRO MESA</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
<u>5102C</u>	<u>1-1</u>	<u>PUMP CHARGE 1000 HP</u>		[REDACTED]
<u>5302</u>	<u>1-1</u>	<u>Acid spotting</u>		[REDACTED]
<u>3107</u>	<u>100 gal</u>	<u>15% HCL Acid</u>		[REDACTED]
<u>3106</u>	<u>25 gal</u>	<u>Inhibitor</u>		[REDACTED]
<u>3125B</u>	<u>75 gal</u>	<u>Stim 110</u>		[REDACTED]
<u>1268</u>	<u>130 BBLS</u>	<u>City Wash</u>		[REDACTED]
1251	<u>100 gal</u>	<u>Gel</u>		[REDACTED]
<u>1205A</u>	<u>3 gal</u>	<u>Bicide</u>		[REDACTED]
<u>1215A</u>	<u>5 gal</u>	<u>Kel</u>		[REDACTED]
<u>1258</u>	<u>1 gal</u>	<u>ESA-90</u>		[REDACTED]
<u>1208</u>	<u>25 gal</u>	<u>Beaker</u>		[REDACTED]
3107 <u>10190</u>	<u>1 X gal</u>	<u>Stim 110</u>		[REDACTED]
<u>5609</u>	<u>1-1</u>	<u>Fracture</u>		[REDACTED]
<u>4371</u>	<u>1-1</u>	<u>Butt separator</u>		[REDACTED]
<u>4326</u>		<u>Butt separator</u>		[REDACTED]
BLENDING & HANDLING				
<u>5109</u>	<u>56 miles</u>	TON-MILES <u>Bulk Delivery</u>		[REDACTED]
		STAND BY TIME		[REDACTED]
<u>5108</u>	<u>56 miles</u>	MILEAGE <u>Mobilization P-S</u>		[REDACTED]
<u>59012</u>	<u>2 miles</u>	WATER TRANSPORTS		[REDACTED]
		VACUUM TRUCKS		[REDACTED]
		FRAC SAND		[REDACTED]
<u>3104A</u>	<u>200 #</u>	<u>16/50</u>		[REDACTED]
<u>2402</u>	<u>5700 #</u>	<u>75/100</u>		[REDACTED]
		SALES TAX		[REDACTED]

Ravin 2790

ESTIMATED TOTAL [REDACTED]

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN

L Gordon Westlake

CUSTOMER or AGENT (PLEASE PRINT)

DATE

6-13-14

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 services on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 58579
FIELD TICKET REF # 49293
LOCATION Thayer, KS
FOREMAN Lance Wesselink

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-13-14	3372	Blythe 2-1	20	25S	22E	Butler

CUSTOMER
Grass Mesa

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tampa		
458	TIP		
582	MATT		
680-T221	Cody		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	<u>Symmetrical</u>
<u>390-99</u>	<u>19</u>

TYPE OF TREATMENT

SPT-FRAC

CHEMICALS

<u>Acid</u>	<u>cuty water</u>
<u>Talbit</u>	<u>KCl</u>
<u>STIM</u>	
<u>680 / Bio</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>15</u>	<u>15</u>			<u>1100-1600</u>	BREAKDOWN <u>2300</u>
<u>16110</u>	<u>15</u>	<u>15</u>		<u>200"</u>	<u>1100</u>	START PRESSURE
<u>12110</u>		<u>15-12</u>			<u>1100-2120</u>	END PRESSURE
					<u>3000</u>	BALL OFF PRESS
<u>7-11-14 SHUT DOWN - Frack Balls</u>						ROCK SALT PRESS
<u>What Frackball PSI - SHUT IN</u>					<u>400</u>	ISIP <u>400</u>
<u>repeat 8 times</u>						5 MIN <u>400</u>
<u>12-11-14 Pump in 12 Bbls</u>					<u>2600</u>	10 MIN <u>400</u>
<u>What No additional Seal</u>						15 MIN
<u>2-11-14 Frack Balls</u>						MIN RATE
<u>10-11-14</u>						MAX RATE
						DISPLACEMENT
<u>Total Fluid</u>	<u>150</u>		<u>Total</u>	<u>200 #'</u>		

REMARKS:
Break seal down + STIM 1-2, 2-2, 3-2, 4-2, 5-2, 6-2, 7-2, 8-2, 9-2, 10-2, 11-2, 12-2
ES&O: How much seal in could not get well to tube!

AUTHORIZATION C. May TITLE _____ DATE 6-13-14

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

268912

TICKET NUMBER 49266

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

LOCATION Thayer

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
6-16-14	351	Blythe 2-11					BB	Squirrel
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combo Retrac		[REDACTED]
5102D	1	Free pump ABO - release only		[REDACTED]
5302	1	Acidspatter		[REDACTED]
1275	225 gal	15% HCL acid		[REDACTED]
1202	3/4	Inhibitor		[REDACTED]
1219B	6 1/2	StimOil acid + * O/F		[REDACTED]
1268	11,000 gal	Thayer city		[REDACTED]
1231	175#	frac gel		[REDACTED]
1215A	9 gal	KCL SUP		[REDACTED]
1205A	5#	Bioside		[REDACTED]
1202	1/2	Breaker		[REDACTED]
1262	50#	FEE 500	2.60	[REDACTED]
5107	1	Flow metered Chem pump		[REDACTED]
5604	1	frac valve		[REDACTED]
5115	1	Ball injector		[REDACTED]
4326	30	1.35 3/8" Ballbeaters		[REDACTED]
		BLENDING & HANDLING		[REDACTED]
5109	55	TON-MILES	min	[REDACTED]
		STAND BY TIME		[REDACTED]
5102	55	MILEAGE Mobilization X 3 P, S, I	min	[REDACTED]
5501F	56 hrs	WATER TRANSPORTS - 2		[REDACTED]
		VACUUM TRUCKS		[REDACTED]
2104A	500#	FRAC SAND 16-20		[REDACTED]
2102	3500#	12-20		[REDACTED]
		SALES TAX		[REDACTED]

Additional 5% discount available if paid within 10 days of invoice date WAC 4,373.34

ESTIMATED TOTAL [REDACTED]

CUSTOMER or AGENT SIGNATURE

COWS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT)

DATE

Thank you. We appreciate your business! Brett Busby 6-16-14

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 services on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 58530
FIELD TICKET REF # 49266
LOCATION Thayer
FOREMAN Brett Busby

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-16-14		Blythe 2-1				BIB

CUSTOMER Grand Mesa		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

* Safety meeting attendees

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
496	Larry		
478	Mark		
582	Matt		
618195	Joe		
489190	Cody		

WELL DATA

CASING SIZE <u>4 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>390-99 (19)</u>	<u>Squirrel</u>

TYPE OF TREATMENT

<u>Acidspot / ABO / Retrac</u>

CHEMICALS

<u>Kelsub Biocide Breaker</u>
<u>Acid Inhibitor - Stim Oil</u>
<u>Fluid Loss control</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>30</u>	<u>12-16-20</u>			<u>1300</u>	BREAKDOWN <u>1800</u>
<u>16-30</u>		<u>20</u>	<u>5-1.0</u>			START PRESSURE
<u>12-20</u>		<u>20</u>	<u>1.0</u>			END PRESSURE
<u>12-20</u>		<u>20</u>	<u>1.5</u>	<u>1,500#</u>	<u>1500</u>	BALL OFF PRESS
<u>12-20 (3) + (3) balls</u>		<u>20</u>	<u>1.5</u>		<u>1750</u>	ROCK SALT PRESS
<u>12-20</u>		<u>19</u>	<u>1.0</u>		<u>2000</u>	ISIP <u>450</u>
<u>12-20</u>		<u>19</u>	<u>1.0</u>	<u>1,000#</u>		5 MIN
<u>12-20 (2)</u>		<u>18</u>	<u>1.0</u>		<u>2100</u>	10 MIN
<u>12-20 + (2)</u>		<u>17</u>	<u>1.0</u>	<u>500#</u>	<u>2200</u>	15 MIN
<u>12-20</u>		<u>17</u>	<u>1.5</u>	<u>1,000#</u>		MIN RATE
<u>FLUSH CASING</u>	<u>10</u>	<u>19</u>			<u>2050</u>	MAX RATE
<u>Release balls to T.D.</u>			<u>TOTAL</u>	<u>4,000#</u>		DISPLACEMENT <u>6.4</u>
<u>OVERFLUSH</u>	<u>8</u>	<u>20</u>	<u>SAND</u>		<u>1550-1600</u>	
<u>TOTAL BBLS</u>	<u>120</u>					

REMARKS: * Hold safety - procedure
Spotted 100 gal - 15% HCl acid on perfs - acidize @
14-6 bpm w/ 150 gal - 15% HCl acid + (20) ballsealers
staged thru-out acid pump till max ball-off psi achieved
release balls to T.D. used 30 bbls * Several breaks
Reloed 10 balls for trac
location 1:30 PM - 2:45 PM 55 miles

AUTHORIZATION [Signature] TITLE _____ DATE 6-16-14

Summary of Changes

Lease Name and Number: BLYTHE 2-1

API/Permit #: 15-011-24394-00-00

Doc ID: 1215958

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/17/2014	07/25/2014
Completion Or Recompletion Date	03/10/2014	06/18/2014
Date of First or Resumed Production or SWD or Enhr Fracturing Question 1	03/10/2014 No	06/18/2014 Yes
Fracturing Question 2		No
Perf_Depth_1	762-779	Attached
Perf_Material_1	1000gals 15% HCL Acid w/NeFe	Attached
Perf_Record_1	762-779	Attached
Perf_Shots_1	4	Attached
Production Interval #1	762-779	762-779 bridge plug

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production Interval #2		390-399
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1173135	../../../../kcc/detail/operatorEditDetail.cfm?docID=1215958

Summary of Attachments

Lease Name and Number: BLYTHE 2-1

API: 15-011-24394-00-00

Doc ID: 1215958

Correction Number: 1

Attachment Name

Bridge Plug Ticket

Acid & Frac Job tickets



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173135
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL 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
-----------------------------------	-----------------	---

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: _____