

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1216642

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:	SecTwpS. R 🗌 East 🗌 West				
Address 2:	Feet from				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (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:				
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from: sx cmt.				
Well Name: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name: License #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:	tor Name: Lease Name:		Well #:				
Sec Twp	S. R	East West	County:				
open and closed, flowin	ng and shut-in pressu	formations penetrated. If ures, whether shut-in preview final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bot		
		otain Geophysical Data a or newer AND an image		gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				og Formation (Top), Depth and Datum Sample			Sample
Samples Sent to Geolo	gical Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
			conductor, surface, inte		tion, 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 / SQL	EEZE RECORD	1		
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Perforate Top Bottom Top Bottom Protect Casing Plug Back TD		# Sacks Used	Type and Percent Additives			
Did you perform a hydrauli	_	on this well? raulic fracturing treatment ex	xceed 350,000 gallons	Yes[? Yes[ip questions 2 ai	nd 3)
Was the hydraulic fracturin	g treatment informatior	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			gs Set/Type forated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed P	roduction, SWD or ENI	HR. Producing Met		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wat	er B	Bbls. C	Gas-Oil Ratio	Gravity
DISPOSITION Vented Sold (If vented, Subm	Used on Lease	Open Hole	METHOD OF COMPLE Perf. Dually (Submit)	Comp. Con	mmingled omit ACO-4)	PRODUCTIO	ON INTERVAL:

Form	ACO1 - Well Completion		
Operator	LR Energy, Inc.		
Well Name	EASTEP 14-26		
Doc ID	1216642		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Type Of Cement	Type and Percent Additives