

1217211

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
12-4-13		Sutherland #4	11-24s-18E	Allen
Customer		Mailing Address	City	State Zip
J.R. Burtis		1902 Hwy 54 Box 345	Tola	Ks. 66749

Job Type:	<u>Longstrings</u>	Truck #	Driver
Hole Size:	<u>9 7/8"</u>	<u>201</u>	<u>Kelly</u>
Hole Depth:	<u>872'</u>	<u>202</u>	<u>Jerry</u>
Bridge Plug:		<u>106</u>	<u>Byron</u>
Packer:		<u>105</u>	<u>Justin</u>
		<u>108</u>	<u>Rodger</u>

Quantity Or Units	Description of Services or Product	Pump charge	
<u>50</u>	Mileage	\$3.25/Mile	<u>162.50</u>
<u>275 sacks</u>	<u>50/50 Pozmix cement</u>	<u>11.30</u>	<u>3,107.50</u>
<u>450 lbs</u>	<u>Gel 22</u>	<u>.30</u>	<u>135.00</u>
<u>75 lbs</u>	<u>Floccer 1/4" P/SK</u>	<u>2.15</u>	<u>161.25</u>
<u>8 Hrs</u>	<u>Water Truck #106 <4:30 To 12:30></u>	<u>84.00</u>	<u>672.00</u>
<u>6 Hrs</u>	<u>Water Truck #105 <6:30 To 12:30></u>	<u>84.00</u>	<u>504.00</u>
<u>6 Hrs</u>	<u>Water Truck #108 <6:30 To 12:30></u>	<u>84.00</u>	<u>504.00</u>
<u>50 miles</u>	<u>Truck #290</u>	<u>1.50</u>	<u>75.00</u>
<u>11.8 Tons</u>	Bulk Truck	<u>1.30</u>	<u>767.00</u>
	Plugs		
		Subtotal	<u>6878.25</u>
		Sales Tax <u>7.4%</u>	<u>251.88</u>
		Estimated Total	<u>7130.13</u>

Remarks: Rig up to 7" casing, Pumped 20 Bbls Fresh Water Ahead, Pumped 5 Bbls Dry Water Ahead
Mixed 275 sacks 50/50 Pozmix cement w/ 22 Gel + 1/4" P/SK of Floccer. Displaced cement with
33 Bbls Fresh Water - Final Pumping at 500 PSI, shutdown - close casing in with 400 PSI.
Good cement returns with 12 Bbl slurry
Job complete - Teardown

"Thank you"

witnessed by Mark
 Customer Signature

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



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

August 12, 2014

Mark Burris
Burris, J. R.
1902 HIGHWAY 54
BOX 345
IOLA, KS 66749

Re: ACO-1
API 15-001-30840-00-00
Sutherland 4
NW/4 Sec.11-24S-18E
Allen County, Kansas

Dear Mark Burris:

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 11/30/2013 and the ACO-1 was received on August 04, 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