Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1217408

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:				
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 #	GPS Location: Lat:, 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:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:			
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan			
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
Dual Completion Permit #:				
SWD Permit #: ENHR Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #: GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West			
Recompletion Date Reached TD Recompletion Date of 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

	Page Iwo	1217408
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS: Chain important tang of formations paratrated De	tail all aaraa Bapart all final	apping of drill stome tools giving interval tooled, 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 She	eets)	Yes No		Lo	g Formatio	on (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No		Name			Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
			NG RECORD	New				
		Report all strings	set-conductor, su	rface, inter	mediate, producti	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIO	NAL CEMENTIN	IG / SQUE	EZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks	Used		Type and P	ercent Additives	
Protect Casing Plug Back TD								

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 hyd	Iraulic fracturing treatment ex	ceed 350,000 gallons?	Yes	No	(If No, skip question 3)
Was the hydraulic fracturing	treatment informatio	n submitted to the chemical o	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					ement Squeeze Record d of Material Used)	Depth			
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F		No	
Date of First, Resumed	I Product	ion, SWD or ENHF	۲.	Producing I		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ION OF (GAS:			_				PRODUCTION INTER	RVAL:
Vented Solo	d 🗌	Used on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify	<i>י</i>)	(Cubinit)		(00011117100 4)		

DATE CUSTOMER# WELLNAME & NUMBER SECTION TOWNSHIP RANGE COUNT 21 ALTS 7878 Eggers # N-11 SW 7 26 17 W0 STOMES TOWN WALL OUT CO. TRUCK# DRIVER TRUCK# DRIVER PO Box 1000 TY STATE 210000E TRUCK# DRIVER TRUCK# DRIVER PO Box 1000 TY Construct the state of the s) ACA FIELD TICKET & TRI CEM	EATMENT REP		Hacua &	930 5 d.y
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ALLING ADDRESS 7 0	USTOMER	20				<u> </u>	L WO
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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 service on the back of this form are in effect for services identified on this form

WoCo Drilling LLC Yates Center, Kansas 66783 620-330-6328 620-228-2320

Operator License# 5983	API# 15-207-28768-0	0-00
Operator: Victor J Leis	Lease Name: E.Eggers	
Address: PO Box 223 Yates Center, Ks	Well # N-11	
Phone# 913-285-0127	Spud date: 12-17-13	Completed: 12-18-13
Contractor License# 33900	Location: 7 Twp	e: 26 Rg: 17
T.D. 931 Bit Size: 5 7/8	990 ft. fror	m south line
Surface Pipe Size: 8 5/8 Depth: 2	3010 ft. fr	rom east line
Kind of Well: Oil		

Drillers Log

Strata	From	То
Soil	0	6
Clay	6	13
Lime	13	62
Shale	62	158
Lime	158	256
Shale	256	265
Lime	265	270
Shale	270	281
Lime	281	290
Shale	290	344
Lime	344	499
Shale	499	622
Lime	622	628
Shale	628	630
Lime	630	636
Shale	636	648
Lime	648	659
Shale	659	670
Cap Rock	670	671
Weiser Sand	671	672
Brk lime/sand	672	674
Pure Sand	674	676
Brk Sand	676	680
Shale	680	684
Shale	684	690

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Strata	From	То
Brk Sand	690	700
Sand	700	710
Shale	710	734
Lime	734	738
Shale	738	741
Lime	741	753
Shale	753	765
Lime	765	772
Shale	772	749
Lime	749	814
Shale	814	824
Lime	824	826
Shale	826	854
1 st Cap	854	855
Shale	855	857
2 nd Cap	857	858
Brk Sand	858	860
Pure Sand	860	863
Pure Sand	863	866
Pure Sand	866	869
Pure Sand	869	872
Shale	872	879
Shale	879	890
Shale	890	931