Confidentiality Requested: Yes No

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

1218189

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.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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt.
Well Name:	w/ w/ w/
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Operator Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date 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

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:						

	Page Two	1218189
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated De	tail all aaraa Danart all final	appiag of drill stamp tasta giving interval tastad, time task

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		-	on (Top), Depth an		Sample
Samples Sent to Geolog	jical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			G RECORD				
		Report all strings se	-conductor, surface, inte	ermediate, product	ion, 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
		ADDITION	L CEMENTING / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Po	ercent Additives	
Protect Casing							

	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?					No	(If No, fill out Page Three of the ACO-1)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record	Denth		
		Specily Fo	blage of	Each Interval	Perioraleo			(Amount and Kind	d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R		No	
Date of First, Resumed	I Product	ion, SWD or ENHF	٦.	Producing I		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	DISPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INTE	ERVAL:			
Vented Solo	d 🗌	Used on Lease	Open Hole Perf. Dually (Submit A)				Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)				. ,						

ALLIED OIL & GAS SERVICES, LLC 063426

OWNER Jame

CEMENT

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092

SERVICE POINT:	
CakleyK	غر
CAKIEYKS	5

DATE 4 -25-14 SEC.	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
Donnis unit LEASE WS WELL#	2	LOCATION	83 8160 707 250	W 1/25	COUNTY Hadkell	STATE
OLD OR NEW (Circle one)		win				

CONTRACTOR Exact Well Serv

TYPEOFJOB SQUEEZ	<u>٠خـ</u>				
HOLE SIZE U	T.D.				
CASING SIZE 85/4	DEPTH				
TUBING SIZE	DEPTH				
DRILL PIPE	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM				
MEAS. LINE	SHOE JOINT				
CEMENT LEFT IN CSG.					
PERFS.					
DISPLACEMENT					

EQUIPMENT

7	DRIVER
BULK TRUCK	
BULK TRUCK # 89(4316	DRIVER Brandon Wilkinson
PUMPTRUCK	HELPER TECCHIL Can

REMARKS:

Water,

うらだら

63 2

CHARGE TO: BELEKCE

CITY_____STATE_

Y4 661

ashed

STREET

ane

pumped

20

com 32ncc.

<u>shutin</u>

Dank You (c(ly+creus

ZIP_

50553 cam 320 AMOUNT ORDERED 20 0 17:0 へんち COMMON POZMIX @ GEL 0 CHLORIDE @ @ ASC ଡ 0 280 2-54-5 \odot <u>150n0</u> @ U@ @ 0 @ 248 21, 42 cu-ft@ HANDLING MILEAGE 1+ON 50X2 30

SERVICE

DEPTH OF JOB	201
PUMPTRUCK CHARGE	178 D18 3
EXTRA FOOTAGE@	
MILEAGE M + + 1/ 50 @ 770	-385
MANIFOLD @ 4140	. (
	- NC
@	225-21
(640.32/20%) TOTAL	() () () () () () () () () () () () () (

PLUG & FLOAT EQUIPMENT

· · · · · · · · · · · · · · · · · · ·	_@
	_@
· · ·	@ @
	_@
62	

TOTAL ____

SALES TAX (If Any)	
TOTAL CHARGES 273687	h
DISCOUNT 166.20 (283)) IF PAID IN 30 DAYS
1,970.52 Met	

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent comenting equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME_ 11 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 19, 2014

Evan Mayhew BEREXCO LLC 2020 N. Bramblewood Wichita, KS 67206-1094

Re: ACO-1 API 15-081-20790-00-01 Dennis Unit 2 WSW NW/4 Sec.03-29S-33W Haskell County, Kansas

Dear Evan Mayhew:

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 04/04/2014 and the ACO-1 was received on August 11, 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