Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1219752

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: Z	ip:+	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 #:				
	Re-Entry	Workover	Field Name:				
) SWD		Producing Formation:				
			Elevation: Ground: Kelly Bushing:				
	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane)							
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 T	otal Depth:					
Deepening Re-per	f. 🗌 Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
			Chloride content: ppm Fluid volume: bb				
			Dewatering method used:				
Dual Completion SWD	•						
	Permit #:		Location of fluid disposal if hauled offsite:				
GSW Permit #:			Operator Name:				
			Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or		Completion Date or	Quarter Sec TwpS. R East We				
Recompletion Date Reached TD Completion Date or 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:					

CORRECTION #1

1219752

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 (Attach Additional Sheets)		Yes No	L	og Formation (Top), Depth and Datum			Sample
Samples Sent to Geo	,	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c			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	JEEZE RECORD	 ,		
Purpose: Perforate Protect Casing	Perforate Top Bottom		# Sacks Used	sed Type and Percent Additives			
Plug Back TD Plug Off Zone							
Did you perform a hydrau Does the volume of the to Was the hydraulic fractur	otal base fluid of the hyd		│ Yes │ ? │ Yes │ │ Yes │	No (If No, skip	o questions 2 an o question 3) out Page Three o		
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			

TUBING RECORD: Siz	ze:	Set At:		Packe	r At:	Liner R		No	
Date of First, Resumed Production, SWD or ENHR.			Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls	5.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF C	Used on Lease		Dpen Hole Dther <i>(Specify)</i>	Perf.	OF COMPLE	Comp. <i>CO-5)</i>	Commingled (Submit ACO-4)	PRODUCTION	INTERVAL:

Summary of Changes

Lease Name and Number: Harvey D-5

API/Permit #: 15-107-24228-00-00

Doc ID: 1219752

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	05/03/2011	08/21/2014
Date of First or Resumed Production or		06/01/2011
SWD or Enhr Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=5&to	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=5&to
Operator's Contact Name	Bob Eberhart	Rob Eberhart
Operator's Phone	285-0873	837-5199
Operator's Street Address - line 1	30805 COLD WATER RD	602 W. Amity, Suite 103
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 53940	//kcc/detail/operatorE ditDetail.cfm?docID=12 19752