Confidentiality Requested: Yes No

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

1221095

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:
OG GSW Temp. Abd. 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 #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of huid disposal if hadied offsite.
GSW Permit #:	Operator Name:
	Lease 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	1221095
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS, Chow important tang of formations papatrated	Dotail all coros Report all	final copies of drill stoms tests giving interval tested, time teal

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		Log Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nan	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		ew Used ermediate, producti	on, 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 / SQ	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment o	n this well?		Yes	No (If No, ski	o questions 2 an	d 3)

Did you perform a hydraulic fracturing treatment on this well?
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

(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					Depth				
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R		No	
Date of First, Resumed I	Productio	on, SWD or ENHF	} .	Producing Method	l:] Pumj	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mo	f	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIC		40.		ME		OF COMPLE			PRODUCTION INT	
Vented Sold		AS: Ised on Lease			Perf.	Dually	Comp.	Commingled		
(If vented, Sub	omit ACO-	-18.)		Other (Specify)		(Submit A	,	(Submit ACO-4)		

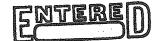
Yes

Yes

No

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202





TICKET NUMBER 4358

80

FOREMAN Kewn MSCoy

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

020-431-9210	01 000-401-0010							p.o.
DATE	CUSTOMER #	WELI	NAME & NUN	ABER	SECTION	TOWNSHIP	RANGE	COUNTY
10-3-13	2345	7007	#3		9	85	21E	Leavenworth
CUSTOMER	star Petro			HUMANE SERVICE MC.	TRUCK #	DRIVER	TRUCK #	DRIVER
	N. MAIN S	7.		Jason L				
CITY EUREK	^I A	STATE Ks	ZIP CODE	apentie				
JOB TYPE 700		HOLE SIZE		HOLE DEPTHTUBING 236		CASING SIZE & V	VEIGHT <u>41/2</u> OTHER	
	нт	SLURRY VOL				CEMENT LEFT In	CASING	en e kang a sa s
DISPLACEMEN REMARKS: SA	T AFEty Meetin	DISPLACEMEN	TPSI	_ MIX PSI Se7 @ <u>/38s</u>	", PERFS 1.	RATE 366 - 1371 ['] PAG 274 - 1280 ['] PAG	Kel Set@	1353 (.
		2 nd 20	ve <i>BBP</i>	Set @ 1323	PERFS W	274-1280 PA	KAR Sof Q	1258'

Note: After 2nd Zone Acid Job Lowered Tuburg to Retrieve RBP. PACKER And RBP Locked Together. Proneer is going to Cut 4' Sab Between PACKER & RBP ON 9-4-13

9.4.13 PIONEER Cut Sub 1' BELOW PACKER. Pull Tubing & PACKER. RERAN Tubing Retrieve CAtcher. Pull Tubing take OFF fishing Tool. RERAN Tubing & Catcher Reset RBP @ 1258

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
		PUMP CHARGE		
		MILEAGE		
	Mit M Mit generate the configuration of the method of the state of the		018.00	917.00
4481		41/2 32 A PACKER RENTAL	917.00	A
4479	/	41/2 TS RBP Rental	900.00	900.00
-				
	N/14/10/06/10/1			-
	a an			
	ana ana ang pananana ang ang ang ang ang ang ang ang		Sub TotAL	1817.00
	01920-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	THANK YOU 2000	SALES TAX	69.96
in 3737	Alterna tenda al esta oferen alterna e caste de Antolika (n Universita el Letterna en esta en esta en esta est	-A de 3000	ESTIMATED TOTAL	194692
) Wescatt	TITLE	DATE	

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