



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219779
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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: _____

1219779

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

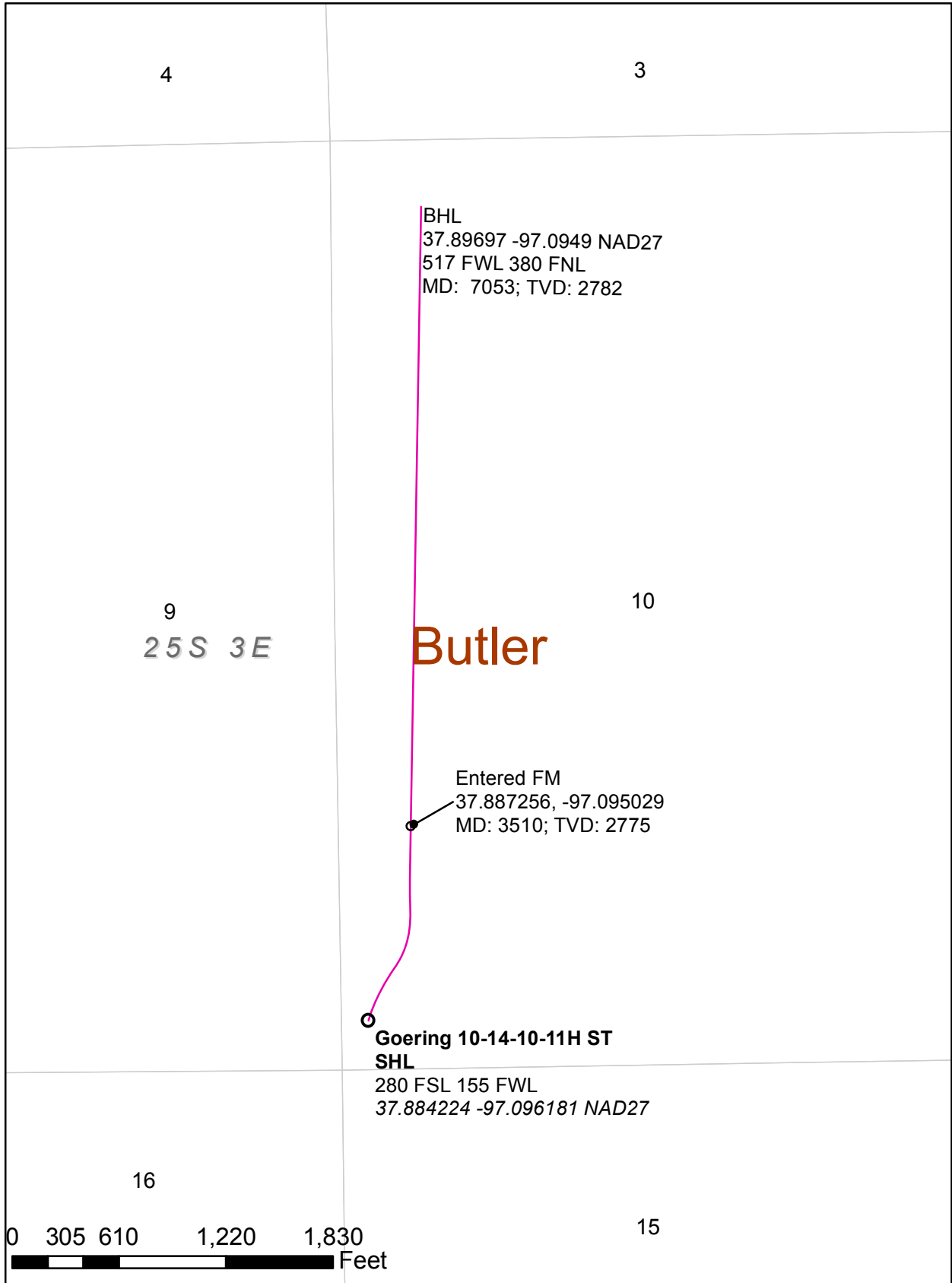
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Source Energy MidCon, LLC Horiz Completion (NAD27)



Goering 10-14-10-11H ST

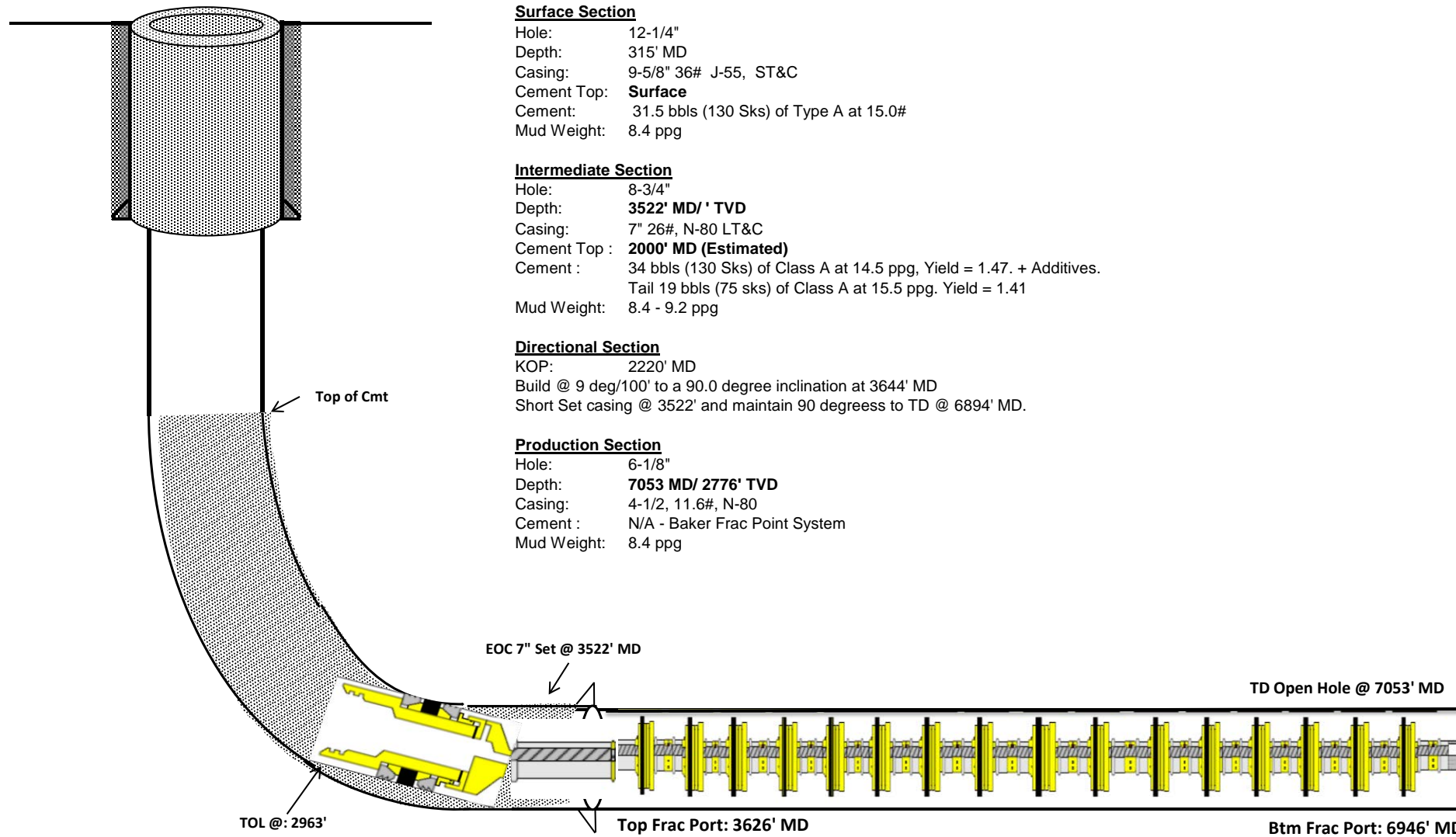


Goering 10-14-10-11H



As Drilled Wellbore Diagram - NOT TO SCALE

Updated: 5/21/2014
Location: Section 10 Township 25S Range 3E, Butler County, Kansas
Field: Edgecomb
API Number: 15-015-223988-01-00 Elevations: GL 1361
Target Zone: Mississippian Lime KB 1374.6
SPUD Date: # KB 13.6



9/6/2013



3390000675

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	SOURCE	State, County	Butler, Kansas	Cement Type	CLASS A
Job Type	LS-H	Section	10	Excess (%)	0%
Customer Acct #	0	TWP	25S	Density	14.5, 15.5
Well No.	GOERING 10-14-10-11-H	RGE	3E	Water Required	0
Mailing Address	0	Formation	0	Yield	1.47, 1.41
City & State	0	Tubing	0	Sacks of Cement	130, 75
Zip Code	0	Drill Pipe	0	Slurry Volume	53 RAN 60
Contact	0	Casing Size	7" 23H	Displacement	137.8
Email	0	Hole Size	0	Displacement PSI	500
Cell	0	Casing Depth	3541.17-43'SJ	MIX PSI	100
Dispatch Location	BARTLESVILLE	Hole Depth	0	Rate	6-Apr
Time:	Description	Rate (bpm)	Volume (bbl)	Pressure	Notes
1:00AM	ARRIVE ON LOC				
10:00AM	SAFTY MTG AND RIG UP				
	PRESSURE TEST TO 3K				
	EST CIRC WITH H2O RUNNING 10BBLs	4	10	100	
	RUN 130 SX OF LEAD CMT	5	34	100	RAN 40
	RUN 75 SX OF TAIL CMT	5	19	100	RAN 20
	RELEASE PLUG AND DISPL	6	137.8	500	
	LAND PLUG			1500	
	NO CMT TO SURF				
	Amount of Cement Left in Casing	0 ft			
Remarks					
NO CMT TO SURF. CMT FIG TO BE APPROX 500' ABOVE KOP. PUTTING IT AT APPROX 1720					
LAND PLUG 1000 PSI OVER RUNNING PRESSURE MAKING IT 1500# WHEN RELEASED FLOWED BACK 758BL AND STOP HOLDING GOOD					
WASH UP AND RIG DOWN LEAVING PC AND MANIFOLD					
THANK YOU					

WET AND DRY SAMPLES TAKEN



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43168

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API-15-015-23788

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-31-13	7698	Goering 10-14-10-11H	10	253	3E	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Surface Energy M/Dew LLC			446	Tash		
MAILING ADDRESS			502	KEUP		
1845 Shea Center Dr Ste 100			539	LARRY		
CITY	STATE	ZIP CODE				
Highlands Ranch	CO	80129				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 320 CASING SIZE & WEIGHT 9 5/8 36 lb
 CASING DEPTH 315 DRILL PIPE _____ TUBING _____ OTHER Plug 315
 SLURRY WEIGHT 15.0 SLURRY VOL 31.5 WATER gal/sk 6.46 CEMENT LEFT IN CASING 20%
 DISPLACEMENT 24.36 DISPLACEMENT, PSI _____ MIX PSI _____ RATE 5.25

REMARKS: Broke Circulation - MRBSD 130 sks A + 3% CAC62 + 3% Gel + 3% 16 Poly-Flake - Displaced plug with 24.35 bbls - Circulated Cement to surface. Circulated Annulus with 8 bbl displaced.

WELL NAME Goering 10-14-10-11H
 Well/AFE# 100-620
 GLACCT _____ AMT \$ _____
 GLACCT 850-100 AMT \$ 5338.00 Calc 9/19/13
 EXCELLENT GOOD FAIR POOR
 DESCRIPTION Cement 9 5/8 Surface Csg.

SIGNATURE [Signature] DATE 8/31/13 9/17/13

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Date Baugh</u>		
5406	16	MILEAGE		
11045	130	sks A		
1102	390	lbs CAC62		
1118B	260	lbs Gel		
1107	50	lbs Poly-Flake		
1107	1	Bulk Wellbore		
1133	1	9 5/8 TW Plug		
1107	1	9 5/8 Guide Shoe		
4135	1	9 5/8 AFU Insert		
4133	5	9 5/8 Cmt.		
4311	1	9 5/8 Stop Plug		
Subtotal				
			<u>6.46</u>	
			SALES TAX	
			ESTIMATED	
			TOTAL	

PRICING

REDACTED

|||

Revin 3737

AUTHORIZATION

[Signature]

TITLE

Date Baugh

261950

DATE

SALES TAX
ESTIMATED
TOTAL

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.