Confidentiality Requested: Yes No

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

1221522

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:
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 #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Leastion of fluid dispessed if hould offeite:
ENHR Permit #:	Location of fluid disposal if hauled 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 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	1221522
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS: Chaw important tang of formations paratrated Da	tail all aaraa Danart all fir	and coming of drill stome tests sining interval tested time test

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	nd Datum	Sample
Samples Sent to Geolog	,	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		lew Used Itermediate, 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 / SC	UEEZE 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 o	n this well?		Yes	No (If No, ski	p questions 2 an	d 3)

		2	°		
Does	the volume of	of the total	base fluid of the	hydraulic fracturing treatment	exceed 350,000 gallons?
Was t	he hydraulic	fracturing	treatment inform	ation submitted to the chemic	al disclosure registry?

No (If No, skip question 3)

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

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval I		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	I Producti	on, SWD or ENHF	l.	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1			1	
DISPOSITI	ON OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	d 🗌 u	Jsed on Lease		Open Hole	Perf.	Dually		Commingled		
(If vented, Su	bmit ACO	-18.)		Other (Specify)		(Submit)	,	(Submit ACO-4)		

Yes

Yes

No

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

SERVICE TICKET
national
DATE: 01108/14
CITY///
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ZIP
<u> </u>
OLD NEW

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QUANTITY		MATERIAL USED		SERV. CHG
(20 SX	Portland	Cement		
	BULK CHARGE			
	BULK TRK. MILES	5		
· ·	PUMP TRK. MILES	3		
	PLUGS			
		1	······	
	TOTAL			
т.р. //З	2'	CSG. SET AT <u>1122</u>	VOLUME	
SIZE HOLE	5 1/8"	TBG SET AT	VOLUME	
MAX. PRESS	·	SIZE PIPE		
PLUG DEPTH		PKER DEPTH	PLUG USED	
TIME FINISHED:				
remarks:	nnect to p	nipe . Pump Cement	into well. Ge	od circ.
NAME				
				<i>f</i>

CEMENTER OR TREATER OWNER'S REP.

802 N. Indus P.O. Box 664 Iola, Kansas Phone: (620) NOTICE TO OWNER Failure of this contract or complete this contract or which is the subject of this	6 6 66749 3 65-5588 to pay those persons supplying 1 n result in the filing of a mechanic	material or services to	acrete Proc	ucts, Inc.	under truck's own j seller assumes no roadways, driveway risk. The maximum charge will be mac water contents for s strength test when y Contractor must pro	ivered to the nearest accessit power. Due to delivery at owne- responsibility for damages in responsibility for damages in s, buildings, trees, shrubbery, allotted time for unloading tru le for holding trucks longer. T trength or mix indicated. We do tare is added at customer's req yide place for truck to wash ou or does not supply a place to wa /.	r's or intermediary's direction, n any manner to sidewalks, etc., which are at customer's cks is 5 minutes per yard. A his concrete contains correct o not assume responsibility for uest. t A \$30 charge will be added
2 98	001 1 B COOPER 5 S. FOLIC R. INTER				art Mane: U of Leru At 17841 N		
TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK		PLANT/TRANSACTION #
DATE	2-2-2-3 - 3-5-1-3-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
TREAD &		د. 				tan Altan San	
CAUSE BURNS. Avoid Co Contact With Skin or Eyes Attention. KEEP CHILDREI CONCRETE is a PERISHABLE LEAVING the PLANT. ANY C TELEPHONED to the OFFICE The undersigned promises to any sums owed. All accounts not paid within 30.	E COMMODITY and BECOMES the PROPI	ntact With Skin. In Case of itation Persists. Get Medical ERTY of the PURCHASER UPON NAL INSTRUCTIONS MUST be neys' fees, incurred in collecting to 124% per annum.	you for your signature is of the opinion truck may possibly cause damage to property if it places the matanial in thi our wish to help you in every wray that the driver is requesting that you sign this supplier from any responsibility in to the premises and/or adjacent driveways, curbs, etc., by the delivery also agree to help inin remove mud if that he will not filter the public street toon, the undersigned agrees to indem of this truck and this supplier for any and/or adjacent property which may arisin out of delivery of this order. SIGNED	be premises and/or adjacent is bad where you desire it. It is twe can, but in order to do this this RELEXE releving him and on any damage that may occur properly, buildings, sidewalks, or this matterata, and that you on the wheels of his vehicle so further, as additional considera- tly and all damage to the premises	WEIGHMASTER NOTICE NY SIGNATURE BE NOTICE AND SUPPLIER W WHEN DELIVERING INSIDE C LOAD RECEIVED BY:	LOW INDICATES THAT I HAVE I ILL VOT BE RESPONSIBLE F URB LINE	
Material is Delivered.			X		X		
Material is Delivered. A \$30 Service Charge and L		ted on all Returned Checks.	X			UNIT PRICE	EXTENDED PRICE
Material is Delivered. A \$30 Service Charge and L Excess Delay Time Charged @ QUANTITY) \$60/HR.	DESCRIPTION				UNIT PRICE	EXTENDED PRICE 720 30 30 30 30 30 30 30 30 30 30 30 30 30
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