Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1224801

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:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	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 diaposal if hould offaite:
	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	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	1224801
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTOLICTIONS. Chave important tang of formations panetrated	Datail all aaraa Bapart all fin	al conice of drill stome tests siving 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		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		Report all strings set-	conductor, surface, inte	rmediate, 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
		ADDITIONAL	L CEMENTING / SQL	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							

Did you perform a hydraulic fracturing treatment on this well?	Yes	No	(h
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes	No	(h
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes	No	(1

Plug Off Zone

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

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

Shots Per Foot		PERFORATION Specify For	RECOF	RD - Bridge P Each Interval	lugs Set/Typ Perforated	e	Ac		ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner Rur	n:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	ł.	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO		-					-	Octomational and	PRODUCTION IN	TERVAL:
Vented Sold		Jsed on Lease - <i>18.)</i>		Open Hole Other <i>(Specify)</i>	Perf.	Uually (Submit)	ACO-5)	Commingled (Submit ACO-4)		

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

EDWARD E BIR 302 SOUTH 16T BURLINGTON, 620-364-1311 - O CHARGE TO ADDRESS LEASE & WELL KIND OF JOB (DIR. TO LOC	H WELL CEMENTING KS 66839 FFICE, 620-364-6719 - CELL COUNTY P DATE: $\frac{08/15}{CITY}$ 16000000000000000000000000000000000000	5 <u>/14</u>
QUANTITY	MATERIAL USED	
130 SX	Portland Coment	SERV. CHG
		· · · · · · · · · · · · · · · · · · ·
	BULK CHARGE	
	BULK TRK. MILES	
	PUMP TRK. MILES	
	PLUGS	
	TOTAL	
т.р//75	5 CSG. SET AT <u>// 70 ' VOLUME</u>	L
SIZE HOLE	7 1/4 TBG SET AT VOLUME	
MAX. PRESS		
PLUG DEPTH	PKER DEPTH PLUG USED	
TIME FINISHED:	· · · · · · · · · · · · · · · · · · ·	
remarks: () 10 SUV 1	anect to pipe Pump climent into well. Go	od circ.
NAME	Friday 1 De 1	
	Fawara Birk	

CEMENTER OR TREATER

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Ed Birlos OWNER'S REP.

P.O. Box 66 Iola, Kansa Phone: (620	us 66749) 365-5588 v to pay those persons supplying an result in the filing of a mechan	Payless Co	ontrête Proc	ucts, Inc.	under truck's own seller assumes no roadways, driveway risk. The maximum charge will be max water contents for s strength test when v Contractor must po	livered to the nearest accessi power, Due to delivery at owne presponsibility for damages i presponsibility for damages provided time for unloading time for holding trucks longer. T strengt or mix indicated. We due water is added at customer's req ovide place for truck to wash or or does not supply a place to wi y.	r's or intermediary's direction, n any manner to sidewalks, etc., which are at customer's cicls is 5 minutes per yard. A his concrete contains correct o not assume responsibility for uest. t A \$30 charce will be added
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DATE		LOAD #	YARDS DEL	BATCH	WATER TRIM	SLUMP	
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