

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1226526

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: | SecTwpS. R 🗌 East 🗌 West | | | | |
| Address 2: | Feet from | | | | |
| City: State: Zip:+ | Feet from _ East / _ West Line of Section | | | | |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: | | | | |
| Phone: () | □NE □NW □SE □SW | | | | |
| 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: | | | | |
| 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: | 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 | | | | |
| Operator: | If Alternate II completion, cement circulated from: sx cmt. | | | | |
| Well Name: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used: | | | | |
| SWD Permit #: | Location of fluid disposal if hauled offsite: | | | | |
| ☐ ENHR Permit #: ☐ GSW Permit #: | Operator Name: License #: | | | | |
| Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date | 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: | | | | | | |

Page Two



| Operator Name: Lease Nam | | | | Name: _ | Well #: | | | | | |
|--|--|---|--|---------------------------|--------------------------|-------------------------------------|--|------------------|---------------|---------------------|
| Sec Twp | S. R | East V | West | County | : | | | | | |
| INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to | ring and shut-in pres o surface test, along | sures, whether s with final chart(| shut-in pre s). Attach | ssure reac extra shee | hed stati t if more | c level, hydrosta space is neede | itic pressures, bot d. | tom hole temp | erature, flui | d recovery, |
| Final Radioactivity Lo- files must be submitte | | | | | | gs must be ema | ailed to kcc-well-lo | gs@kcc.ks.go | v. Digital el | ectronic log |
| Drill Stem Tests Taken Yes No. (Attach Additional Sheets) | | | No | | Log Formation (Top), Dep | | | | | Sample |
| Samples Sent to Geological Survey | | | ☐ No | | Nam | Name Top | | | | tum |
| Cores Taken ☐ Yes Electric Log Run ☐ Yes | | | ☐ No ☐ No | | | | | | | |
| List All E. Logs Run: | | | | | | | | | | |
| | | | CASING | | ☐ Ne | | | | | |
| | 0: 11-1- | · · | | | | ermediate, product | | // OI | T | d Damasat |
| Purpose of String | Drilled | Size Hole Size Casing Drilled Set (In O.D.) | | Weig Lbs. / | | Setting Depth | Type of Cement | # Sacks Used | | d Percent itives |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | AD | DITIONAL | CEMENTIN | NG / SQL | JEEZE RECORD | | | | |
| Top Bottom | | # Sacks | # Sacks Used Type and Percent Additives | | | | | | | |
| Perforate Protect Casing | | | | | | | | | | |
| Plug Back TD Plug Off Zone | | | | | | | | | | |
| | | | | | | | | | | |
| Did you perform a hydrau | • | | | | | Yes | No (If No, ski | p questions 2 ar | nd 3) | |
| Does the volume of the to | | | | | | | = : | p question 3) | of the ACO | () |
| Was the hydraulic fractur | ing treatment information | on submitted to the | e chemicai d | isciosure re | gistry? | Yes | No (If No, fill | out Page Three | or the ACO-1 | <i>)</i> |
| | | | NRECORD - Bridge Plugs Set/Type otage of Each Interval Perforated | | | | d, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth | | | Depth |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Size: | Set At: | | Packer A | i: | Liner Run: | Yes No | | | |
| Date of First, Resumed | Production, SWD or Ef | NHR. Prod | ducing Meth | ıod: | | 1 | | | | |
| | | | Flowing | Pumpin | g | Gas Lift C | Other (Explain) | | | |
| Estimated Production Per 24 Hours | | | Mcf | Water Bbls. Gas-Oil Ratio | | | | | Gravity | |
| DISPOSITIO | ON OF GAS: | | M | METHOD OF | COMPLE | ETION: | | PRODUCTIO | ON INTERVA | |
| Vented Sold | | Open | | Perf. | Dually | Comp. Cor | mmingled | | | |
| | bmit ACO-18.) | | (Specify) | | (Submit) | ACO-5) (Sub | mit ACO-4) | | | |