Confidentiality Requested: Yes No

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

1228263

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 North / 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 #	
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 Produc	er (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 #:	<ul> <li>Location of fluid disposal if hauled offsite:</li> </ul>
ENHR         Permit #:	
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	<b>                                    </b>
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c			ion etc		
	Size Hole	Size Casing	Weight	Setting	Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		ADDITIONAL	. CEMENTING / SQL	EEZE RECORD			

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD				
Plug Off Zone				

No

No No

No

(If No, skip questions 2 and 3)

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

(If No, skip question 3)

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

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge Pl Each Interval P		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	:e:	Set At:	:	Packe	r At:	Liner F		No	
Date of First, Resumed	Producti	on, SWD or ENHF	۶.	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									Ι	
DISPOSITIO	ON OF G	AS:			METHOD		TION:		PRODUCTION INTI	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACO	-18.)		Other (Specify)						

Form	ACO1 - Well Completion
Operator	American Oil LLC
Well Name	Solomon 1-33
Doc ID	1228263

All Electric Logs Run

Compenstated Density Neutron
Dual Induction
Micro
Bond Log



Order No. **0049** 

Please remit to: Tool Tech, 1265 N Krug, Russell, KS 67665

COMPANY: <u> </u>	Merican Dil WELL: Solomon # 1-33 DATE:	05-16	- 14
ADDRESS:	LOCATION:COUNTY:COUNTY:		
DATE	DESCRIPTION	RATE	AMOUNT
05-13	51/2 × 23/8 Bridge Plug 51/2 × 23/8 Dridge Plug		1125 00
	5/2 × 23/2 Packer		1035 **
	Scruice-Man	11 19 1 L	425
05-14	Service- Man	<u>1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>	425 **
	Service - Man		42500
05-16	Service - Man		425 **
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		TOTAL	,
		CHARGES	54265 =
Remarks:	5-13 Set tools over 3538-42 + swabbed down 05-14	Treater	)
3538-	42. Parts communicated w/ 3521-23. Set pks @ 3492	+ +rea	ted
both .	ogether w/salt. 05-15 Checked fill + pulled tools to per	forste.	Set
tools ou	er 3554-60. Sweb tested & treated. Parls comm. up. Set pkr	@ 3492	4
	W/salt. 05-16 Set RBP @ 2896 & remented D.C. Polled tools.		

As a part of the consideration hereof it is agreed that Tool Tech LLC shall not be liable or responsible for any loss, damage or injury to said well resulting from the use of said company's equipment or act of any person engaged in doing said work on the above described well. It is expressly understood and agreed that the company will not be bound by any agreement not herein contained.

Company Representative \_\_\_\_

## GRA SMITHT LANSING LWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107 QUALITY OILWEI

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# QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

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Type Job ement SHR	FACE	,		cementer an	d helper to ass	ist owner o	or contractor	to do	work as listed.	
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