Confidentiality Requested: Yes No

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

1229353

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.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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
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	1229353
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 Sho	eets)	Yes No				Sample		
Samples Sent to Geolog	gical Survey	Yes No	Nam	е		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
			RECORD Ne					
		Report all strings set-o	conductor, surface, inte	ermediate, production	on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.					
		ADDITIONAL	CEMENTING / SQU	JEEZE RECORD		· · · · · ·		
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives		
Protect Casing								
Plug Off Zone								

Did you perform a hydraulic fracturing treatment on this well?	Yes	No	()
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350.00			`
Was the hydraulic fracturing treatment information submitted to the chemical disclosure re	° <u> </u>	No	`

(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 RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Δ		ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD: Size: Set At: Packer At:					r At:	Liner Ru	un:	No		
Date of First, Resumed	l Producti	on, SWD or ENHF	} .	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
DISPOSITION OF GAS:		METHOD OF COMPLETION		TION:		PRODUCTION INTER	RVAL:			
Vented Sold Used on Lease		(Open Hole Perf. Dually							
(If vented, Su	bmit ACC	(Submit A				(Submit ACO-4)				

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Jackman Oilfield Services 1 West Mulberry St. Colony, KS 66015 620-852-3350



WELL LOG Kansas Resource Exploration & Development, LLC Chisam KRI-32

March 18, 2014

Thickness of Strata	Formation	Total	
8	soil/clay	8	
13	lime	21	
2	shale	23	
69	lime	92	
2	shale	94	
15	lime	109	
149	shale	258	
1	lime	259	
20	shale	279	
16	lime	295	
47	shale	342	
1	coal	343	
5	lime	348	
17	shale	365	
4	lime	369	
12	shale	381	
4	lime	385	
11	sandy lime	396	
5	lime	401	
3	sandy lime	404	
15	lime	419	
7	shale	426	
12	lime	438	
12	shale	450	
7	lime	457	
7	shale	464	
13	shale/gray sand	477	
2	gray sand/oil sand	479	light bleed
1.50	oil sand	480.50	medium bleed
16.50	shale	497	TD

Drilled a 9 7/8" hole to 19'7" Drilled a 5 7/8" hole to 497'

Set 20'7" of 7" surface casing cemented with 5 sacks of portland cement No pipe

Chisam KRI-32