Confidentiality Requested: Yes No

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

1229366

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.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:
OG GSW Temp. Abd. 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:
	feet depth to:w/sx cmt.
Well Name:	
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Plug Back Conv. to GSW Conv. to Producer	
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 #:	Operator Name:
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	
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	aets)	Yes No	L	og Formatio	n (Top), Depth and	d Datum	Sample	
Samples Sent to Geolog	,	Yes No	Nam	9		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD Ne		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 / SQU	EEZE 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 (If No, skip	o questions 2 an	d 3)	
Does the volume of the tota	l base fluid of the hyd	raulic fracturing treatment ex	ceed 350,000 gallons	?Yes	No (If No, skip	, question 3)		
Was the hydraulic fracturing treatment information submitted to the chemical disclosure regi				Yes No (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					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth	
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F		No	
Date of First, Resumed	l Product	ion, SWD or ENH	۲.	Producing I		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: PRODUCTION INTERVAL:										
Vented Sole	d 🗌	Used on Lease		Open Hole	Perf.	UP COMPLE Dually (Submit)	Comp.	Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)										

LEASE NAME Harbison OPERATOR KREI WELL # KRI42 LOCATION: MIQMIS SURFACE PIPE: 71' Ft 22'S Cement(#bags) PRODUCTION: NAPIPE: NA SIZE: NA =F	STARIDATE: 16 May 14
WELL # KKI42 LOCATION, MIGMI	API = /
SURFACE PIPE: T' Ft 2010 Cement(#bags)	A DA
PRODUCTION: NHPIPE: NH SIZE: 1013-1	

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Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
3	Soil		3	Ц	Sand	No Bleed	486
13	Lime			26	Shale		512
2	Shale		•16 18	a	Lime	Soft	514
2	Lime		30	2	Shale		316
14	Shale		44	4	Line		520
20	Lime		64	14	Shale		534
2	Shale		66	a	Lime		536
4	Lime		70	and	Shale		538
280	Shale		72	١	Lime		539
18	Ime		90	3	Shale		542
91	Shale		181	6	Lime		548
l	Lime		182	é	Shale		554
1	Shale		183		Line		556
13	Line		186	24	Shale	Some Coal	580
l	Shale		197	6	Lime		586
ß	Lime		200	17	Shale		603
11	Shale		211	a	Line		605
1	Line		ara	15	Shale		
20	Shale		232	1	Lime		626
4	Lime		236	2	Shall		628
34	Shale		270	G B	Lime		634
16	Lime		286	δ	Shale		642
13	Shale		299	Q	Lime		644
24	Lime		323	Q	Shale		646
	Shale	-	324	20	Coal		648
2	Lime		326	a	Lime		650
12	Shale		338	18	Shale		668
18	Lime		356	28	Line	Soft	670
5	Shale		361	8	Shale		678
4	Lime		365	1	Line		679
	Shale		366	Ĵ,	Sand	Broken	682
1	Lime		367	9	OilSan	Broken good Bleed	679 682 691
	Shale		368			0	
6	Lime	KC Base	374		5		
108	Shale	* J	482				
	7	Re-dr	ill ,	TDPP	691 1299	No Core 20. Lost In Ho	Steel

Ronnie