

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1231162

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:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	W,
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On and an Name	
GSW	Permit #:			
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
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 Approved by: Date:

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
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 Yes
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 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4)

Other (Specify)

(If vented, Submit ACO-18.)

HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

Richardson #V-3 API # 15-121-30096-00-00 SPUD DATE 05-06-14

Footage	Formation	Thickness	Set 21.65' of 8 5/8"
3	Topsoil	3	TD 585'
7	shale	4	Ran 579' of 4 1/2 on 05-07-14
27	lime	20	
48	shale	21	
54	lime	6	
97	shale	43	
157	lime	60	
163	shale	6	
185	lime	22	
189	shale	4	
203	lime	14	
334	shale	131	
369	lime	35	
372	shale	3	
377	lime	5	
380	shale	3	
386	sand	6	good odor, no bleed
418	shale	32	
425	lime	7	
437	shale	12	
444	lime	7	
454	shale	10	
463	lime	9	
465	sand	2	
484	shale	19	
490	lime	6	
496	shale	6	
498	sand	2	show oil, good odor, little bleed
501	shale	3	,
504	sand	3	show oil, good bleed, strong odor
585	shale	81	, ,



268010

LOCATION OHOWS LS
FOREMAN CASELY KRUMEDY

PO Box 884, Chanute, KS 66720 620-431-2210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

STATE STORE	OCK# DRIVER
DUSTOMER Wast Petroleum of Kansas LLC MALLING ADDRESS 10939 N. Africa Husy Suite 570 High land UT 84003 DIT 84003 DOB TYPE CONCENTING ASING DEPTH 579 DRILL PIPE TUBING baffle 5477 DRILL PIPE TUBING baffle 5477 DISPLACEMENT S. TOLLO SID MATER Gallish CEMENT LEFT in CASING ISPLACEMENT S. TOLLO SID MATER Gallish CEMENT LEFT in CASING SISPLACEMENT S. TOLLO SID MATER Gallish CEMENT LEFT in CASING SISPLACEMENT S. TOLLO SID MATER Gallish CEMENT LEFT in CASING SISPLACEMENT S. TOLLO SID MATER Gallish CEMENT LEFT in CASING SISPLACEMENT S. TOLLO SID MATER Gallish CEMENT LEFT in CASING SID POPULIX CELLULAT UNITED AT THE SID MATER SID MATER SID MATER SIDE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCOUNT CODE ACCOUNT CODE OUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT P ACCOUNT CODE ACCO	CK# DRIVER
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form