Confidentiality Requested: Yes No

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

1231656

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.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:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
G OG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:
Operator:	
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	1231656
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 Sh	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		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	JEEZE RECORD	•		
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
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 350,000 gallons?	Yes	No
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes	No

 No
 (If No, skip questions 2 and 3)

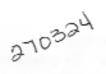
 No
 (If No, skip question 3)

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

Shots Per Foot		ECORD - Bridge Plugs S ge of Each Interval Perforat			e, Shot, Cement Squeeze Record nt and Kind of Material Used)	Depth
TUBING RECORD: S	ize: S	et At:	Packer At:	Liner Run:	/es 🗌 No	
Date of First, Resumed Produc	tion, SWD or ENHR.	Producing Method:	Pumping	Gas Lift Othe	r (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Wa	er Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF	GAS: Used on Lease	Open Hole P	HOD OF COMPL	ETION: y Comp. 🗌 Commi	PRODUCTION IN	NIERVAL:
Vented Sold			(Submit	ACO-5) (Submit /		

CONS	OLID	ATED

DA LLC



TICKET NUM	IBER	4	1530
LOCATION_	Othaw	a_	KS
FOREMAN_	Fred	M	ader

ox 884, Chanute, KS 66720

Oil Well B

FIELD	TICKET	&	TREATMENT	REPORT
		-		

431-9210	or 800-467-8676	CI	EMENT			
DATE	CUSTOMER #	WELL NAME & MUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8.4.14	3554	Brown # D.A.	NEBO	17	22	mi
CUSTOMER	hn Herri	ick	TRUCK #	DRIVER		
MAILING ADDRI	ESS	North State	7/2	Fre Mad	INDUK #	ORIVER
35	53 Dres	on Rd	495	Haibec		
CITY	0	STATE ZIP CODE	675	Ki bet		
Otta	wa	KS 66067	510	DUS Web		
OB TYPE La	ngstring-	HOLE SIZE HOLE	E DEPTH 575	CASING SIZE & W	EIGHT 2 K	UE
CASING DEPTH	5680	DRILL PIPE the in TUBI	NG 560'		OTHER	
LURRY WEIGH	IT	SLURRY VOL WAT	ER gal/sk	CEMENT LEFT in (CASING 5'	Pluc
ISPLACEMENT	T_2.24BBC	DISPLACEMENT PSI MIX F	PSI	RATE 4BPM		0
EMARKS: 1	61d Creu	satate neithy	Establish	E Circulatio		Pump
100#	Gel Flu	sh. max Purho	75 5KS 5	0/50 Pm	AL 01	neat
2%	Gel, Ce	ment to Sulface	Flush or	maxim	es clea	
Diel	Jace	2" Rubber plug	to Pin in	losing.	Pressur	
to	600 # P.		ressure for	30 00	mir	
56.1		sinc	120001 101			

Nug	thes Drilling.	fred	Macle	
CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE 495	-	1085
5486	-	MILEAGE		NIC
5402	568	Casing Footoge		NIC
5407	3 minimum	Ton Miles		10067
55020	/ Nr.	80 BBL Vac Truck		10000
1124	75545	50/50 Por Mix Cement	86250	1
11183	226	Premium Gel	4923	V
		Material	91222	,
		Less 30%	- 273 67	63853
4402	/	2" Rubber plug		2954
			2321.43	
		7.65%	SALES TAX	SIL
3787	VOI 1		ESTIMATED TOTAL	2026 82

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.