Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes No

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:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #: Field Name: Producing Formation: Kelly Bushing:				
☐ New Well ☐ Re-Entry ☐ Workover					
☐ Oil ☐ WSW ☐ SWD ☐ SIOW					
Gas D&A ENHR SIGW					
☐ 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? Yes No				
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	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	Countv: 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:				

Operator Name:				_ Lease N	Name: _			_Well #:		
Sec Twp	S. R	East W	/est	County	:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to	ng and shut-in pressur surface test, along wi	res, whether sl th final chart(s	hut-in pres). Attach	ssure reacl extra shee	ned stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, fluid recovery,	
Final Radioactivity Log, files must be submitted						gs must be ema	ailed to kcc-well-lo	ogs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken (Attach Additional Sh	neets)	Yes [No				on (Top), Depth a		Sample	
Samples Sent to Geolo	gical Survey	Yes	No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ Yes ☐	No No							
List All E. Logs Run:										
		Report all si	CASING I		Ne	w Used	ion, etc.			
Purpose of String	Size Hole Drilled	Size Casi Set (In O.	ng	Weig Lbs. /	jht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		ADI	DITIONAL	CEMENTIN	IG / SQL	JEEZE RECORD				
Purpose: Depth Type of Cement # Sacks Use						Type and Percent Additives				
Perforate Protect Casing Plug Back TD	Top Bottom									
Plug Off Zone										
Did you perform a hydrauli Does the volume of the tota Was the hydraulic fracturin	al base fluid of the hydra	ulic fracturing tre			_	Yes	No (If No, sk	ip questions 2 ai ip question 3) out Page Three		
Shots Per Foot	ots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					cture, Shot, Cemen mount and Kind of Ma		d Depth		
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes No		I	
Date of First, Resumed P	roduction, SWD or ENH		ucing Meth	od: Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil Bb	ols. (Gas I	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity	
DISPOSITION	N OF GAS:		M	IETHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease	Open H	lole	Perf.			mmingled			
(If vented, Subn	nit ACO-18.)	Other (Specify)		(Submit)	-100-5) (Sub	mit ACO-4) —			

Summary of Changes

Lease Name and Number: TEEL 5
API/Permit #: 15-065-24073-00-00

Doc ID: 1231787

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	11/07/2014	11/13/2014
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 30827	//kcc/detail/operatorE ditDetail.cfm?docID=12 31787
Well Type	OIL	DH