Confidentiality Requested: Yes No

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

1231458

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 North / 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:, (e.gxxx.xxxxx)
	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	Field Name:
New Well Re-Entry Workover	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? Yes No
Cathodic Other (Core, Expl., etc.):	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
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 (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 #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	Quarter Sec TwpS. R East West 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	1231458		
Operator Name:	Lease Name:	Well #:		
Sec TwpS. R East West	County:			
INCTRUCTIONS, Chow important tang of formations populated	Dotail all coros Roport all	final conject of drill stome tasts giving interval tasted, time tool		

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 Sheets)		Yes No		-			Sample
Samples Sent to Geolo	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	

Yes	No
Yes	No
Yes	No

(If No, skip questions 2 and 3) (If No, skip question 3)

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					96			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At		Packer	r At:	Liner F	Run:	No	
Date of First, Resumed Production, SWD or ENHR. Producing Method: □ Flowing □ Pumping □ Gas Lift				Other (Explain)						
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD OF COMPLET				PRODUCTION INTE	RVAL:			
Vented Solo	d 🗌	Used on Lease		Open Hole	Perf.	Uually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify)		((0000000000)		

Form	ACO1 - Well Completion
Operator	Blue Ridge Petroleum Corporation
Well Name	Helmkamp Farms 1-16
Doc ID	1231458

All Electric Logs Run

CDN	
DIL	
MICRO	
SONIC	

Form	ACO1 - Well Completion
Operator	Blue Ridge Petroleum Corporation
Well Name	Helmkamp Farms 1-16
Doc ID	1231458

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	259	Common	2% Gel, 3% CC

GLOBAL CEMENTING, L.L.C.

1503

REMIT TO	18048 170			SERVICE POINT:				
	RUSSELL.	, KS 67665			Kime			
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	Soundaryd	Philling	Rig # 8	OWNER	-			
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TOOL			DEPTH					
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Global Cement	ing, L.L.C.,			· · · · · · · · · · · · · · · · · · ·				
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listed on the re-	verse side.					ΤΟΤΑΙ		

SALES TAX (If Any) TOTAL CHARGES _

DISCOUNT_

PRINTED NAME PARTIE SIGNATURE

IF PAID IN 30 DAYS

GLOBAL CEMENTING, L.L.C.

4

1509

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	RUSSELL, KS 6760	CO (500)		in the states of the second st					
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	Kamp WELL #. 1-16	LOCATION		ALLO	calion at 700PM	COUNTY Mecator	STATE		
	(CIRCLE ONE)				10+ 12-30 AM				
CONTRACTOR	Douthwingh Noill	ing Rig +8	•	OWNER					
TYPE OF JOB	Plus		· · ·						
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