

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1235085

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 Collar Used? Yes No						
If Workover/Re-entry: Old Well Inf				Feet					
Operator:				nent circulated from:					
Well Name:			, ,	w/sx cmt.					
Original Comp. Date:			loot doparto.	U/ U/_					
	_	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	SWD Permit #:		Location of fluid disposal if hauled offsite:						
☐ ENHR	Permit #:		On and an Name						
GSW	Permit #:		Operator Name:						
				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 III 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
 ■
 Yes
 ■
 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) (If vented, Submit ACO-18.) Other (Specify)

				\$ 500 M	18,00					
				540.00 P BAG	18.00 P PL		28	Salu rep #: MIKE	Special Special	G
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	3 - Statement Copy	RECEIVED COMPLETE AND IN (BODD COMPITION)	OHECKED BY DATE SHEPED DRIVER	PORTLAND CEMENT-944	WONARCH PALLET	Change	Shp To: 6) 448-6905 5) 448-6996	Acon		GARNETT TRUE VALUE HOMECENTER 410 N Maple Garnett, KS 66032 (785) 448-7106 FAX (785) 448-7135
		Taxable Non-taxable Tax#		_ ·	2	Crose Sy.	-6905 NOT FOR HOUSE USE	Acci rep code:		VTER
	je ve	6204.60 0.00 Seles tax		10.9900 B.	AT PROBUGA	g 	USE.	Ship Date: Invoke Ogle Due Cate:	Invoice: 1	PLEAS
	TOTAL	oles tax	Sales totul	10.1900 10.1900		.[=[Invoice: 10215433	Statement Copy INVOICE PLACE REPORT MODE NAMED MALCONE SOME SOME STATEMENT OF THE PROPERTY OF
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		S-IIP WA AU	AT GATH	PL CPMP	SHIP L UM ITEMI	Customer 4: 0000357	SAUTO: ROGER KENT 22062 NE NEOSHO AD GARNETT, KS 06 032	٠	Page: 1	GARNETT TRU Ga (785) 448-7
	3 - Statement Copy	SHIP VIA AND ERSON COUNTY PREEMED COMPLETE AND NIGODO CONDITION X	CHECKED BY DATE SHIPPED		SHIP L UM ITEMI	Customer e: 0000357 Customer PO:	\$40 FD (785) 446-6895 66032 (785) 448-6898	IM	Page: 1	GARNETT TRUE VALUE HOMECEN 410 N Maple Garnett, KS 66032 (785) 448-7106 FAX (785) 448-7135
	3 - Statement Copy	P VIA ANDERSON COUNTY RECENED COMPLETE AND M-000D CONDITION	CHECKED BY	PL CPMP	SHP L UM ITEMS DESCRIPTION	Customer PO:	\$40 FD (785) 446-6895 66032 (785) 448-6898	٠	Page: 1	GARNETT TRUE VALUE HOMECENTER 410 N Mapple Garmett, KS 66032 (785) 448-7106 FAX (785) 448-7135
		PY/A ANDERSON COUNTY RECENSO COMPLETE AND NI 0000 CONDITION TRAVAIDLE Non-Taxable Tax #	CHECKED BY DATE SHIPPED	PL CPMP MONARCH PALLET 1	SHIP L UM ITEMI DESCRIPTION AND		SHO AD (785) 446 66032 (785) 446	JIM Acci rep code:		RNETT TRUE VALUE HOMECENTER 410 N Maple Gamett, KS 66032 (785) 448-7106 FAX (785) 448-7135
	3 - Statement Copy	P VIA ANDERSON COUNTY RECENED COMPLETE AND M-000D CONDITION	CHECKED BY DATE SHIPPED	BAG COPA FLY ASH MIX 80 UBS PER BAG PL CPMP MONARCH PALLEY	SHIP L UM ITEMI DESCRIPTION AT PROBUOM P	Customer PO: Order By: prolesjö!	\$40 FD (785) 446-6895 66032 (785) 448-6898	JIM Acci rep code:	: 1 Invoke: 102:	GARNETT TRUE VALUE HOMECENTER 410 N Maple Garnett, KS 66032 [785] 448-7106 FAX (785) 448-7135 COMMITTION CONTROL OF THE PROPERTY OF THE PROP

Frear #4

			Start 9-25-14
2	soil	2	Finish 9-29-14
3	clay/rock	5	
7	lime	12	
<i>7</i> 9	shale	91	
8	lime	99	
7	shale	106	
42	lime	148	
6	shale	154	set 20'7"
<i>5</i>	lime	159	ran 785.7' of 2 %
<i>5</i>	shale	164	cemented to surface 78 sxs
24	lime	188	
186	shale	<i>374</i>	
15	lime	<i>3</i> 89	
<i>5</i> 2	shale	441	
31	lime	<i>472</i>	
25	shale	49 7	
10	lime	50 7	
14	shale	521	
7	lime	<i>5</i> 28	
9	shale	<i>537</i>	
4	lime	541	
40	shale	581	4
20	sandy shale	601	odor
10	oil sand	611	good show
95	shale	706	show
4	sandy shale Bkn sand	710	odor
11	вкп sana Bkn sand	721 725	show
4 16	ькп sana oil sand	725	good show
10 10	Ou sana Dk sand	741 771	show
	shale	751 791	T.D.
40	આપાહ	791	I.D.