Confidentiality Requested: Yes No

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

1235093

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

City:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License # Name:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name: (e.g.xxxxxxx) (e.g.xxxxxxx) Wellsite Geologist: Datum: (h.g.g.xxxxxx) (e.g.xxxxxx) Purchaser: Designate Type of Completion: Image: Completion: Image: Completion: Image: Completion: Oil WSW SWD SIOW Image: Completion: Image: Completion: Image: Completion: Oil WSW SWD SIOW Image: Completion: Image: Completi: Commingled	Phone: ()	
Name: (e.g. xxxxxxx) Wellsite Geologist:	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Purchaser:	Wellsite Geologist:	
Designate Type of Completion: Image: Signate Type of Completion: Image: New Well Re-Entry Workover Image: Oil WSW SWD SIGW Image: Oil WSW SWD SIGW Image: Oil Gas D&A ENHR SIGW Image: Oil OG GSW Temp. Abd. Field Name: Plug Back Total Depth: Image: Oil Other (Core, Expl., etc.): Image: Oil Mount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes Image: Oil Yes Image: Oil No If Workover/Re-entry: Oil Well Info as follows: Feet Multiple Stage Cementing Collar Used? Yes Image: Oil Operator: Image: Oil Oil Well Info as follows: Feet Multiple Stage Cementing Collar Used? Yes Image: Oil Original Comp. Date: Original Total Depth: Feet Feet Image: Oil	Purchaser:	County:
New Well Re-Entry Workover Oii WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. Field Name: Field Name: CM (Coal Bed Methane) SIGW Total Vertical Depth: Plug Back Total Depth: Field Name: CAthodic Other (Core, Expl., etc.); Mouth of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Well Name: Original Total Depth: Feet Original Comp. Date: Original Total Depth: Feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: Mouth of Surface Pipe Set and Cement circulated from: Feet Depening Re-perf. Conv. to ENHR Conv. to SWD If Alternate II completion, cement circulated from: Mouth of Surface Pipe Set and Cemented at: Permit #: Dual Completion Permit #: Exerce Conv. to GSW Conv. to Producer Chloride content: ppm Fluid volume: bbls Dewatering method used: <td>Designate Type of Completion:</td> <td>Lease Name: Well #:</td>	Designate Type of Completion:	Lease Name: Well #:
Producing Formation:		Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Conv. to GSW Conv. to Friduet Chloride content: Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: If atternate II completion, cement circulated from: (Depening Re-perf. Conv. to ENHR Conv. to GSW Conv. to Friduet Conv. to GSW Conv. to Friduet Chloride content: Multiple Stage Cementing Collar Used? Yes No If set depth to: W// set mathematical from: Feet If Atternate II completion, cement circulated from: Multiple Stage Cementing Collar Used? If atternate II completion, cement circulated from: Multiple Stage Cementing Collar Used? If atternate II completion, cement circulated from: Multiple Stage Cementing Collar Used? If atternate II completion, cement circulated from: Multiple Stage Cementing Collar Used? If atternate II completion, cement circulated from: Multiple Stage Cementing Collar Used? If atternate II completion, cement circulated from: Multiple Stage Cementing Collar Used? If atternate II completion, cement circulated from: Multiple Stage Cementing Collar Used? If atternate II completion, cement circulated from: Multiple		Producing Formation:
OG GSW Temp. Abd. OG GSW Temp. Abd. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:		Elevation: Ground: Kelly Bushing:
CG CGW Tehnip. Add. CM Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Operator:		Total Vertical Depth: Plug Back Total Depth:
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 Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:		
Operator:		If ves, show depth set:
Well Name:		
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #:		
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Drilling Fluid Management Plan Dual Completion Permit #:		
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:		Drilling Eluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East		
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East		Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:		
ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Spud Date or Date Reached TD Completion Date or		
GSW Permit #: Operator Name:		Location of fluid disposal if hauled offsite:
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Lic		Operator Name:
Spud Date or Date Reached TD Completion Date or	GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or		Quarter Sec Twp S. R East West

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 Iwo	12350	
Operator Nan	ne:			Lease Name:		Well #:
Sec	Twp	S. 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 She	acts)	Yes No		.og Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-o			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 of	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
	0	raulic fracturing treatment ex	ceed 350,000 gallons			p question 3)	

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Shots Per Foot		PERFORATION Specify For		RD - Bridge Pli Each Interval P		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner F		No	
Date of First, Resumed	I Product	ion, SWD or ENHF	۶.	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									T	
DISPOSITI	ION OF C	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	FERVAL:
Vented Solo		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC)-18.)		Other (Specify)						

Yes

No

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

	0LE: 8" I: 300' TYPE: SWS		1 1	SOL S	W/O COKE W/COKE		0.6 6.6	0.4 6.5		0.5 6.5	1.0 6.5		8 7.1	9 7.3	63		9 5.8	1 5.3																	
	CONFECTION DIA. HOLE: CORE TYPE: COKE TYPE:	LBS INST'D: HOLE PLUG:			NATIVE W/O (0		0			1.8	1.9		-	0.9	0.1																_	
	J. WINTERS SCH 40 PVC 8"	20'	ANOTEC #8 HMPWE	ANODE	NO.		<u>б</u>	8		2	9		c XIV	4	e.		2	+	VIX																
INSTALLED RV.	INSTALLED BY: CASING TYPE: DIAMETER:	CASING DEPTH: NO. OF ANODES:	ANODE LEAD TYPE:		LOG	SAND & CLAY MIX		-		_	-		SAND & CLAY MIX						SAND & CLAY MIX																
CD MASTERS	CORROSION PREVENTION 1700 E. SEWARD RD. GUTHRIE, OK 73044	93-9777 F:(405)293-9779 KANSAS	SEWARD	DEPTH	Ę	210	220		230	240		250	260		2/0	280	UBC	201	300	310	000	020	330	340		350	360	020	3/0	380		390	QOV	400	110
J		5)2		H	Ē	Т	Т	Π	Т	Т	Π	Т	Т	Π	Т	Π	Т	П	Τ	Π		Т	П		TT	Т	П		Т	Т			Т		
		s	COUNTY:	ELECTRIC LOG	E W/O COKE W/COKE	000	0.0	0.0		1.0	0.0		0.0	0.5	1.6		1.2	0.2	0.2		0.2	0.2		0.2	0.3	0.5		0.3 3.1	03 33		0.3 2.0		0.4 4.2	1.7 4.8	
[(RTENS S		ш	NO. NATIVE W/O COKE W/COKE	CASING	0.0		CASING	0.1	0.0		2:2	0.5	1.6		1.7	0.2	02		0.2	0.2		0.2	0.3	0.5				22					
JOB NO: (31612) GPS: N: 37.338616°	ONEOK	WILEY MARTENS 10/20/14 S	N: LINE 0-24	RS ANODE	NO.						0.0						17	0.2		SANDY GRAVEL	0.2	0.2		0.2	0.3	0.5		0.3	14 0.3	22	0.3		0.4	1.7	