Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1235153

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

	_	-	-	-	
WELL HISTORY -	· D	ESCRIPTION	N OF V	VELL 8	& 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.xxxxx)			
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:			
GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet			
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No			
	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			
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Location of huld disposal in hadred offsite.			
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 Of 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:				

1235153

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 Taker (Attach Additional	-	Yes No	L	og Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geo	,	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ 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	IEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydrau	ulic fracturing treatment	on this well?		Yes	No (If No, ski	o questions 2 and	3)
		Iraulic fracturing treatment ex				o question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three of	the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Perl			cture, Shot, Cement mount and Kind of Mai		Depth

		Opeeniy i oo	Juge of	Each mich van Ferrorated		(Amount and Amo of Matchar Oscu)			Depui
TUBING RECORD:	Siz	ze:	Set At:	: Pack	er At:	Liner F		No	
Date of First, Resumed	Product	ion, SWD or ENHF	} .	Producing Method:	mping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF C	BAS:		METHOD				PRODUCTION INTER	IVAL:
Vented Solo	J 🗌 k	Used on Lease		Open Hole Perf.	Dually (Submit		Commingled (Submit ACO-4)	- <u></u>	
(If vented, Su	bmit ACC)-18.)		Other (Specify)	,	,	(y		

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

Well Completion I-26	
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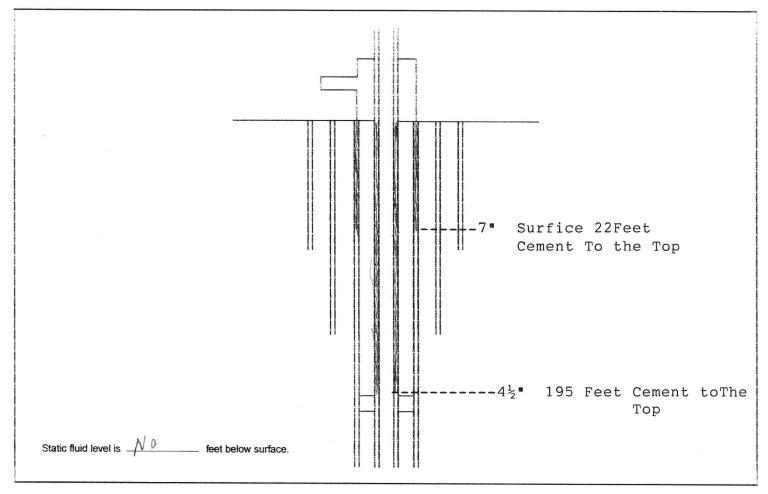
Type: Tubin	g & Packer	X Packerless	Tubingless		
	Conductor	Surface	Intermediate	Production	Tubing
Size		7 "		4 ¹ / ₂	
Setting Depth		22 Feet		195'	
Amount of Cement		5 Sacks		35 Sacks	
Top of Cement		To the Top		To the Top	
Bottom of Cement		22 Feet	-	195 Feet	

If Alternate II cementing, complete the following

Perforations / D.V. Tool at <u>Sand Ject</u> feet, cemented to <u>195 Feet</u>	feet with35 Sackssx.
Tubing: Type	Grade
Packer: Type <u>No Packer</u>	Depth
Annulus Corrosion Inhibitor: Type	Concentration
List Logs Enclosed: Drill Log	

Well Sketch

(To sketch installation, darken the appropriate lines, indicate cement, and show depths.)



Summary of Changes

Lease Name and Number: Person I-26

API/Permit #: 15-107-25032-00-00

Doc ID: 1235153

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/03/2014	12/15/2014
CasingNumbSacksUse dPDF_1	10	5
CasingSettingDepthPD F_1	22.30	22
CasingTypeOfCementP DF_1	no one	one
Perf_Record_2	176' to 182'	176' to 186'
Perf_Record_3	3 hole per foot 6'	
Perf_Record_4	183' to 186'	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 18333	//kcc/detail/operatorE ditDetail.cfm?docID=12 35153
TopsDepth1	176	00100

Summary of Attachments

Lease Name and Number: Person I-26 API: 15-107-25032-00-00 Doc ID: 1235153 Correction Number: 1 Attachment Name

Well Sketch