Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1235286

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:				st West			
Address 2:			Feet from North / South Line	of Section			
City: Sta	ate: Zi _l	p:+	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)			
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84				
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-l	Entry	Workover	Field Name: Producing Formation: Kelly Bushing:				
	_						
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW					
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	dow	Temp. Abd.	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			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:			<u> </u>				
Deepening Re-perf.	Conv. to Ef	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
O constituents at	D		Chloride content:ppm Fluid volume:	bbls			
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of hald disposal if fladied offsite.				
GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R Ea	st West			
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:				

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	JG / SQL	JEEZE RECORD			
Purpose:	Depth	Type of Cer		# Sacks			Type and F	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		NRECORD - Botage of Each In					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.			nmingled		
(If vented, Subn	nit ACO-18.)	Other (Specify)		(Submit)	-100-5) (Sub	mit ACO-4) —		

Summary of Changes

Lease Name and Number: Harner W-24

API/Permit #: 15-001-30893-00-00

Doc ID: 1235286

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved By	Deanna Garrison	NAOMI JAMES	
Approved Date	03/26/2014	12/15/2014	
Date of First or Resumed Production or	03/05/2014		
SWD or Enhr Producing Method Pumping	Yes	No	
Production - Barrels Oil	3		
Production - Barrels of Water	3		
Production - MCF Gas	0		
Production - Oil Gravity	32		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorE ditDetail.cfm?docID=12	
Well Type	95937 OIL	35286 EOR	