Confidentiality Requested: Yes No

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

1238177

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 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:
GG 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?
If Workover/Re-entry: Old Well Info as follows:	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: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Duilling Fluid Management Disp
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (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 #:	
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	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 #:
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 Taken (Attach Additional Sheets)		Yes No		og Formation (Top), Depth			Sample	
Samples Sent to Geological Survey		Yes No	Nam	е		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
			RECORD Ne					
		Report all strings set-o	conductor, surface, inte	ermediate, production	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 Off Zone								

Did you perform a hydraulic fracturing treatment on this well?	Yes	No	(
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes	No	(
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes	No	(

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

(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					e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD: Size: Set At:				Packer	r At:	Liner R	un:	No		
Date of First, Resumed	} .	Producing M	lethod:	ping	Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD OF COMPLETION:				PRODUCTION INTERVAL:		
Vented Sold Used on Lease (If vented, Submit ACO-18.)				Open Hole Perf. Dually (Submit A			Comp.	Commingled (Submit ACO-4)		
							, , , ,			

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

Coleman -ardware LLC 505 MAIN BOX 326 MOUND CITY KS. 66056 Ph: 913-795-2895 4/28/2014 17:58:55 Invoice No.: 221679 Code: 001020 Name: DALE JACKSON Address: PO BOX 266 MOUND CITY, KS 66056 Cashier: Administrator Register Name: REG2 Order No:OIL 92.6 LB. ASH GROVE PORTLANC CEMENT MD EA 245 @ \$9.05 /EA \$2,217.25 CONCRETE PALLETS MD EA 70 \$1.00 /EA \$7.00 SHRINK WEAP PER PALLET MD EA 7 0 \$5.00 /EA \$35.00 Freight FRT DP 10 \$25.01 /DP \$25.01 ************** Sub Total: \$2,284.26 Sales Tax: \$163.32 Total: \$2,447.58 DALE Signec:

ph 913-795-2895 thanks for scopping with us

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Coleman Hardware LLC 505 MAIN BOX 326 MOUND CITY KS. 66056 Ph: 913-795-2895 1/18/2014 12:01:38 Invoice No.: 215009 Code: 001020 Name: DALE JACKSON Address: PO BOX 266 66056 MOUND CITY, KS Cashier: Administrator Register Name: REG2 Order No:OIL مديسينية المراجع ممريجة محصوفاتين 92.6 LB. ASH GROVE PORTLAND CEMENT EA MD 490 @ \$9.05 /EA \$4,434.50 CEMENT PALLETS MD EA \$210.00 14 0 \$15.00 /EA SHRINK WRAP PER PALLET EA MD \$5.00 /EA \$70.00 14 🛛 Freight DP FRT \$49.24 \$49.24 /DP 10 -----Sub Total: \$4,763.74 Sales Tax: \$340.61 Total: \$5,104.35 Signed:

Coleman Hardware LLC

505 MAIN BOX 326 MOUND CITY KS. 66056

Receipt For Payment Of Account: 001020

1/18/2014 12:02:24 Cashier: Administrator Register Name: REG2

Received with thanks from: DALE JACKSON Reference: 96020

Amount: \$5,104.35

Signed:

Outstanding Balance: \$553.06

ph 913-795-2895 thanks for shopping with us

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