Confidentiality Requested: Yes No

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

1238440

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 East West
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 #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
	Field Name:
	Producing Formation:
	SIOW Elevation: Ground: Kelly Bushing:
Gas D&A ENHR	SIGW Total Vertical Depth: Plug Back Total Depth:
GG GSW	Temp. Abd. Temp. Abd. Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Dep	th:
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #: ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Comp	Quarter Sec. Twp. S. R. East West
	mpletion 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 Iwo	1238440
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 She	eets)	Yes No		Log Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	ıe		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		ew Used ermediate, producti	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 / SQ	UEEZE 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 o	on this well?		Yes	No (If No, ski	o questions 2 an	d 3)

Did you perform a hydraulic fracturing treatment on this well?
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

No	(If No, skip question 3)

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

Shots Per Foot		PERFORATION Specify For		RD - Bridge Plu Each Interval Pe		е			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	} .	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	ər	Bbls.	Gas-Oil Ratio	Gravity
									Γ	
DISPOSITI	ON OF G	BAS:							PRODUCTION IN	TERVAL:
Vented Solo	ן <u>ר</u> ו	Jsed on Lease		Open Hole	Perf.	Uually (Submit)	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other <i>(Specify)</i> _			,			

Yes

Yes

No

Form	ACO1 - Well Completion
Operator	Continental Operating Co.
Well Name	Allphin 2
Doc ID	1238440

All Electric Logs Run

Gama ray	
Nuetron	
CCL	
Bond Log	

Global Cementing LLC

18048 I-70 Road Russell, KS 67665

Invoice

Date	Invoice #
8/7/2014	1407

Continental Operating	
PO BOX 52	
HAYS,KS 67601	

				P.O. No.	T	erms	Project	ct	
				ALLPHIN#2	1	Vet 30			
Quantity		D	Description			Rate	Amo	ount	
240	COMMON					15.	50 3.	720.00T	
	POZ					8		360.00T	
						23.		329.00T	
414	HANDLING						10	869.4	
	BULK MILE					1,159.		1,159.2	
						1,139.	20	1,139.2	
1	TRI-PLEX P	UMP CHARGE FOR LIN	ER			1,150.	00	1,150.0	
56	PUMP TRUC	CK MILEAGE					50	364.0	
56	PICKUP						50		
						2.	50	140.0	
· . 1	4 1/2 RUBBE	ER PLUG				67.	00	67.00T	
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GLOBAL CEMENTING, L.L.C. 1407

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