Confidentiality Requested: Yes No

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

1238794

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.xxxxx) (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:
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 No
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 Dian
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	1238794
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	L	og Formatic	on (Top), Depth and	d Datum	Sample
Samples Sent to Geolog	,	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			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 / SQL	EEZE 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 (If No, skip	o questions 2 an	d 3)
		Iraulic fracturing treatment ex				o question 3)	
Was the hydraulic fracturing	g treatment informatio	n submitted to the chemical o	lisclosure registry?	Yes	No (If No, fill o	out Page Three o	of the ACO-1)

				e				Depth
Size:	Set At	:	Packer	At:	Liner R	Run:	No	
roduction, SWD or EN	HR.	Producing Meth		ping	Gas Lift	Other (Explain)		
Oil I	3bls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
NOF GAS:		Ν	/IETHOD (OF COMPLE	TION:		PRODUCTION IN	ITERVAL:
Used on Lease				(Submit A	CO-5)	Commingled (Submit ACO-4)		
	Specify F Size: Oil Oil F Oil OI	Specify Footage of Size: Set At: Oil Bbls. OI OF GAS: Used on Lease	Specify Footage of Each Interval Per	Specify Footage of Each Interval Perforated Size: Set At: Production, SWD or ENHR. Producing Method: Oil Bbls. Gas Mcf I OF GAS: METHOD (Used on Lease Open Hole Perf.	Size: Set At: Packer At: roduction, SWD or ENHR. Producing Method: □ Flowing Pumping Oil Bbls. Gas Mcf NOF GAS: METHOD OF COMPLE □ Used on Lease □ Open Hole □ (Submit Action 10) □ 0 0	Specify Footage of Each Interval Perforated Specify Footage of Each Interval Perforated Size: Size: Set At: Producing Method: Producing Method: Flowing Pumping Gas Mcf Water IOF GAS: Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-5)	Specify Footage of Each Interval Perforated (Amount and Kind (Amount and Kind (Amount and Kind Size: Set At: Packer At: Liner Run:	Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) (Amount and Kind of Material Used) Size: Set At: Size: Set At: Packer At: Liner Run: Yes No roduction, SWD or ENHR. Producing Method: Flowing Pumping Gas Mcf Water Bbls. Gas-Oil Ratio NOF GAS: METHOD OF COMPLETION: Used on Lease Open Hole Open Hole Perf. Outable Commingled (Submit ACO-5)

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

Form	ACO1 - Well Completion
Operator	Anderson, Kent (deceased)
Well Name	Nightingale 2
Doc ID	1238794

All Electric Logs Run

Gamma Ray
Dual Induction
Compensating Neutron
Compensating Density

Best Channel Serzo Date: FIELD TICKET & TREATMENT REPORT CS DATE: DOMERTSING WELL MURE AND CETMENT CERTION Ser Constrained and the server constrained and the server constrain	Commune is a wear of a many of the more and a more and and a more and and a more a	Commune FIELD TICKET at TREATMENT REPORT SC Image: Series FIELD TICKET at TREATMENT REPORT COMMAND Image: Series Castronic restrict TOWNSHIP AND Image: Series No.exeth-use at a mattern series TO SC No.exeth-use at a mattern series SC Image: Series No.exeth-use at a mattern series TO SC No.exeth-use at a mattern series SC No.exeth-use at a mattern series No.exeth-useth-use at a ma	Consume FIELD TICKET A TREATMENT REPORT KS 0.000077687 Current-invester 2 0 <th>Consume FIELD TICKET CEMENT NET REPORT K 0.5000 2.15 0</th> <th>Channel, KS 6679 ID FIELD TICKET & TREATMENT REPORT 0 or sold-system well. NAME & NUMBER NUMENT 10 or sold-system well. NAME & NUMBER NUMENT 10 or sold-system well. NAME & NUMBER A 11 2 Stand NUMENT SCION TOWNSHIP 12 STAN NUMENT NUMENT SCION TOWNSHIP 12 STAN NUMENT NUMENT SCION TOWNSHIP 12 STAN SUBRES NUMENT NUMENT SCION TOWNSHIP 12 STAN SUBRES NUMENT NUMENT NUMENT NUMENT 12 STAN SUBRES NUMENT NUMENT NUMENT NUMENT 12 STAN SUBRES NUMENT NUMENT NUMENT NUMENT <t< th=""><th>-</th><th></th></t<></th>	Consume FIELD TICKET CEMENT NET REPORT K 0.5000 2.15 0	Channel, KS 6679 ID FIELD TICKET & TREATMENT REPORT 0 or sold-system well. NAME & NUMBER NUMENT 10 or sold-system well. NAME & NUMBER NUMENT 10 or sold-system well. NAME & NUMBER A 11 2 Stand NUMENT SCION TOWNSHIP 12 STAN NUMENT NUMENT SCION TOWNSHIP 12 STAN NUMENT NUMENT SCION TOWNSHIP 12 STAN SUBRES NUMENT NUMENT SCION TOWNSHIP 12 STAN SUBRES NUMENT NUMENT NUMENT NUMENT 12 STAN SUBRES NUMENT NUMENT NUMENT NUMENT 12 STAN SUBRES NUMENT NUMENT NUMENT NUMENT <t< th=""><th>-</th><th></th></t<>	-	
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