

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1238831

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:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from I	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □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:	W	/ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	:
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total C	Depth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls
Dual Completion			Dewatering method used: _		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			1		
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:_	
Spud Date or Date R	eached 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 Approved by: Date:

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an		Samp	
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Datur	n
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
				RECORD	☐ Ne					
				conductor, su	rface, inte	ermediate, producti			I	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and P Additiv	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	357 23333									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)	(" 100 ")	
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cement			Depth
	. ,							,		
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	Gr	ravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL:	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIV IIVI LTIVAL.	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Sonoma Resources LLC
Well Name	Unruh 1
Doc ID	1238831

All Electric Logs Run

Geological
Composite
Compensated Neutron
Borehole Compensated Sonic Log
Phased Induction

810 E 7[™] PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report
Ticket No. 1747
Foreman Steve Mead
Camp Eureka KS

Date	Cust. ID#	Le	ase & vveii Number		Section	Iownsnip	Range	County	State
11-23-14	1048	Unruh	# (23	175	IE	Marian	Ks
ustomer				Safety	Unit#	Dri		Unit#	Driver
Sanam	A Reso	10000	115	Meeting	104	Ala	n m		
ailing Address				-SM Am	1/3	Eds			
P.O.B.	x 384			Es					
У		State	Zip Code						
Eldorad	10	155	67042						
Type <u>Su</u>	rface	Hole [Depth		Slurry Vol		Tul	oing	
			Size <u>/2'/2</u> /		Slurry Wt			II Pipe	
			nt Left in Casing		Water Gal/SK			ner	
splacement_			acement PSI						
placement_		Dispi	acement FSI		Bump Plug to		DF	M	
marks: <u>5</u>	FTY Mee	Ting 19	18 UP TO 85	18 Cosi	ic. Bre	ak circu.	lution u	y Fresh We	JT46.
Wy 130	sts Clas	s A Came	ni 4326	oc/2. A	192 Gel 4	4 1 Flo	-500 Des	USK. 17	Salace
366K F	rech wa	Tes. 5h	at wellin.	Caal	(conver	ROTUENS	T. 500	Chare Th	2170
PIT.	2) do E	malite	Richown						
	3.500	what	7.6 (10/11)	a _ a _					
			32						
	9 ² V 4	х .	2.8					4	
		* 9 T	Thai	Kyou				<u>.</u>	
	10 A			7				**************************************	
				2012					

Code	Qty or Units	Description of Product or Services	Unit Price	Total
101	-//	Pump Charge	840.00	840,00
(/07	76	Mileage	3.95	276.50
C266	1305ks	Class ACEMENT	15.00	1950.00
C205	365r	Cocl> 3%	,60	2/9.00
C206	245t	6.1 2%	,20	49.00
C209	33±1	Flo-Seal 2/1/201/sk	2.23	74.25
C105B	6.11700	Tonmileage bulk Truck	1.35	577.40
			N ²	
				g n
			Subtotal	3986.15
		7.65%	Sales Tax	175.30
Authoria	ration Call	ed by Duke Title Toolpusher	_ Total	4161.51

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. 1971
Foreman Keyn McCoy
Camp Eureka

Date	Cust. ID#	Lease	e & Well Number		Section	Township	Range	County	State
12-7-14	1048	UNRUH	# /		23	175	1E	MARION	Ks
Customer Son	oma Res	ources LL		Safety Meeting	Unit # /05	Drive Dave	G	`Unit#	Driver
Mailing Address				$\begin{array}{c} Km \\ DG \\ JS \end{array}$	112	John	3.		
City Eldo,	RAdo	State	Zip Code 67042	3					
Job Type <u>P</u> Casing Depth Casing Size &		Hole Siz	th <u>3440 / K</u> re <u>71/8</u> eft in Casing		Slurry Vol Slurry Wt Water Gal/SK		Dr Ot	bing ill Pipe <u>4//2</u> her	
Displacement. Remarks: <u>J</u>			ement PSI up to 41/2	2	Bump Plug to			Following.	
		35	sks (2 33	348					
		25	5K5 @ 2	260			- Angelog and Angelog		
			sks 60°	to SURFA	1ce				
			SKS M. H						
A Contract		The on the expension	8 9f		¥.				

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 103	/	Pump Charge	1050.00	1050.00
0 107	70	Mileage	3.95	276.50
C 203	130 SXS	60/40 POZMIX CEMENT	12.75	1657.50
206	450 #	Gel 4%	.20	90.00
Ew s		Accept the second secon		
C 108 B	5.6 Tons	Ton Mileage 70 miles	1.35	529.20
			V 82 102 103 103 103 103 103 103 103 103 103 103	
				a **

			# ** ** ** ** ** ** ** ** ** ** ** ** **	
			• • •	
		THANK YOU	Sub TotAL	3603.20
		7.65%	Sales Tax	133.68
		of Dy Duke Coulter Title Toolpusher C& 6 DR19. Ru	9 ^{#2} Total	3736.88

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



DRILL STEM TEST REPORT

Sonoma Resources

PO Box 384 El Dorado, KS 67042

ATTN: Bill Stout

23-17S-1E Marion, KS

Unruh #1

Job Ticket: 59889

DST#:1

Test Start: 2014.12.03 @ 13:25:29

GENERAL INFORMATION:

Formation:

Mississippi

Deviated:

No Whipstock:

ft (KB)

Time Tool Opened: 15:23:59 Time Test Ended: 21:34:29

Interval: Total Depth: 2657.00 ft (KB) To 2712.00 ft (KB) (TVD)

2712.00 ft (KB) (TVD)

Hole Diameter:

Start Date:

Start Time:

7.88 inches Hole Condition: Good

Test Type: Conventional Bottom Hole (Initial)

Leal Cason Tester:

Unit No: 74

Reference Elevations:

1460.00 ft (KB)

1450.00 ft (CF)

KB to GR/CF:

10.00 ft

8000.00 psig

Serial #: 6798 Press@RunDepth: Inside

389.51 psig @ 2014.12.03

13:25:30

2658.00 ft (KB) End Date:

End Time:

2014.12.03 21:34:29

Capacity: Last Calib.:

Time On Btm:

2014.12.03 2014.12.03 @ 15:14:14

Time Off Btm:

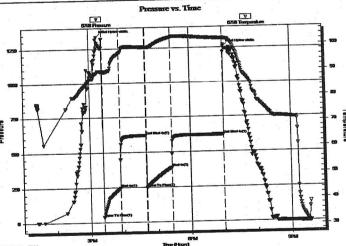
2014.12.03 @ 19:00:59

TEST COMMENT: IF: Weak Blow , BOB in 18 minutes

ISI: No Blow Back

FF: Weak Blow , BOB in 14 minutes

FSI: No Blow Back



		PF	RESSUR	E SUMMARY
t	Time	Pressure	Temp	Annotation
.	(Min.)	(psig)	(deg F)	40 V
	0	1332.08	89.34	Initial Hydro-static
	10	36.28	89.43	Open To Flow (1)
	40	246.06	96.82	Shut-In(1)
•	86	617.07	99.07	End Shut-In(1)
7	87	247.54	98.94	Open To Flow (2)
Temperature	132	389.51	102.81	Shut-In(2)
, 5	226	617.71	102.19	End Shut-In(2)
	227	1251.91	102.16	Final Hydro-static
				0 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0				
		-		
30				

R	eco'	very

Length (ft)	Description	Volume (bbl)
551.00	Water	5.01
252.00	MCW 30%M 70%W	3.53
10.00	SOSWCM 2% O 20% W 78% M	0.14

Gas Rates

Gas Rate (Mcf/d) Choke (inches) Pressure (psig)

Trilobite Testing, Inc

Ref. No: 59889

Printed: 2014.12.10 @ 15:14:13



DRILL STEM TEST REPORT

Sonoma Resources

PO Box 384 El Dorado, KS 67042

ATTN: Bill Stout

23-17S-1E Marion, KS

Unruh #1

Job Ticket: 59890

DST#: 2

Test Start: 2014.12.05 @ 12:07:18

GENERAL INFORMATION:

Formation:

Viola

Deviated:

No Whipstock:

ft (KB)

Time Tool Opened: 14:05:03 Time Test Ended: 20:10:48

Interval:

3155.00 ft (KB) To 3202.00 ft (KB) (TVD)

Total Depth:

3202.00 ft (KB) (TVD)

Hole Diameter:

Start Date:

Start Time:

7.88 inches Hole Condition: Good

Test Type: Conventional Bottom Hole (Reset)

Tester:

Leal Cason

Unit No:

74

Reference Elevations:

1460.00 ft (KB)

1450.00 ft (CF)

KB to GR/CF:

10.00 ft

Serial #: 6798

Press@RunDepth:

Inside

536.09 psig @ 2014.12.05

12:07:19

3156.00 ft (KB) End Date: End Time:

2014.12.05

20:10:48

Capacity:

8000.00 psig

Last Calib .:

Time On Btm:

2014.12.05

Time Off Btm:

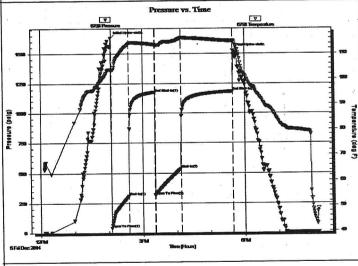
2014.12.05 @ 14:04:03 2014.12.05 @ 17:39:33

TEST COMMENT: IF: Fair Blow, BOB in 9 minutes

ISI: No Blow Back

FF: Weak Blow, BOB in 12 minutes

FSI: No Blow Back



DDESSLIRE SLIMMARY

PRESSURE SUMMARY							
1	Time	Pressure	Temp	Annotation			
	(Min.)	(psig)	(deg F)				
	0	1629.59	103.73	Initial Hydro-static			
	1	39.29	103.20	Open To Flow (1)			
	. 32	308.89	113.69	Shut-In(1)			
	78	1173.72	113.48	End Shut-In(1)			
	78	315.51	113.26	Open To Flow (2)			
	124	536.09	116.05	Shut-In(2)			
-	216	1184.19	114.89	End Shut-In(2)			
9	216	1524.35	114.99	Final Hydro-static			
				ell .			
	= 			8 ,			
		2					
					9		
		1	1	1			

Recovery

Length (ft)	Description	Volume (bbl)
372.00	Water	2.49
682.00	MCW 30%M 70%W	9.57
31.00	SOSWCM 2%O 28%W 70%M	0.43
* Recovery from	multiple tests	

Gas Rates

Choke (inches) Pressure (psig) Gas Rate (Mcf/d)

Trilobite Testing, Inc

Ref. No: 59890

Printed: 2014.12.10 @ 15:13:31