



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238965
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

| | | |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
|-----------------------------------|-----------------|---|

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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: _____



1238965

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|--|---|

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD | | | | |
|--|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |
| | | | | |
| | | | | |

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(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 | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|----------------|--|---|
| TUBING RECORD: | Size: _____ Set At: _____ Packer At: _____ | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|--|---|

| | |
|---|--|
| Date of First, Resumed Production, SWD or ENHR. _____ | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |
|---|--|

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

| | | |
|--|---|---|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Stonegate Ranch, LLC |
| Well Name | Jabben 3 |
| Doc ID | 1238965 |

All Electric Logs Run

| |
|---|
| |
| Gamma Ray Neutron Completion Log |
| Dual Induction Log |
| Density-Neutron High Resolution Density Log |
| Differential Temperature Density Log |

CEMENT FIELD TICKET AND TREATMENT REPORT

Pd #1024

| | | | | | |
|-------------------|----------------------|---------------|--------------------|------------------|---------|
| Customer | StoneGate Ranch LLC. | State, County | Montgomery, Kansas | Cement Type | CLASS A |
| Job Type | Long String | Section | 10 | Excess (%) | 40% |
| Customer Acct # | | TWP | 34S | Density | 14 |
| Well No. | Jabben #3 | RGE | 14E | Water Required | 7.9 |
| Mailing Address | | Formation | | Yeild | 1.74 |
| City & State | | Tubing | | Sacks of Cement | 80 |
| Zip Code | | Drill Pipe | | Slurry Volume | 24.7 |
| Contact | | Casing Size | 4 1/2 9.5# | Displacement | 11.3 |
| Email | | Hole Size | 6 3/4 | Displacement PSI | 400/500 |
| Cell | | Casing Depth | 701 | MIX PSI | 200 |
| Dispatch Location | EUREKA | Hole Depth | 710 | Rate | 3.5 |

| Code | Cement Pump Charges and Mileage | Quantity | Unit | Price per Unit | |
|------|--------------------------------------|----------|-----------|----------------|-------------|
| 5401 | CEMENT PUMP (2 HOUR MAX) | 1 | 2 HRS MAX | \$1,085.00 | \$ 1,085.00 |
| 5406 | EQUIPMENT MILEAGE (ONE-WAY) | 55 | PER MILE | \$4.20 | \$ 231.00 |
| 5407 | MIN. BULK DELIVERY (WITHIN 50 MILES) | 1 | PER LOAD | \$368.00 | \$ 368.00 |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |

EQUIPMENT TOTAL \$ 1,684.00

| Cement, Chemicals and Water | | | | | |
|-----------------------------|---|-----|---|---------|-------------|
| 1126 | OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CLORIDE 2% GE | 80 | 0 | \$19.75 | \$ 1,580.00 |
| 1107A | PHENOSEAL | 80 | 0 | \$1.35 | \$ 108.00 |
| 1110A | KOL SEAL (50 # SK) | 500 | 0 | \$0.46 | \$ 230.00 |
| 1111 | GRANULATED SALT (50#) SELL BY # | 525 | 0 | \$0.39 | \$ 204.75 |
| 1118B | PREMIUM GEL/BENTONITE (50#) | 200 | 0 | \$0.22 | \$ 44.00 |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | 30% Discount | | 0 | \$0.00 | \$ (650.02) |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |

CHEMICAL TOTAL \$ 1,516.73

| Water Transport | | | | | |
|-----------------|--|--|---|--------|------|
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |

TRANSPORT TOTAL \$ -

| Cement Floating Equipment (TAXABLE) | | | | | |
|-------------------------------------|---------------------|---|----------|---------|----------|
| Cement Basket | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| Centralizer | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| Float Shoe | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| Float Collars | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| Guide Shoes | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| Baffle and Flapper Plates | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| Packer Shoes | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| DV Tools | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| Ball Valves, Swedges, Clamps, Misc. | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| 0 | | | 0 | \$0.00 | \$ - |
| Plugs and Ball Sealers | | | | | |
| 4404 | 4' 1/2" RUBBER PLUG | 1 | PER UNIT | \$47.25 | \$ 47.25 |
| Downhole Tools | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |

CEMENT FLOATING EQUIPMENT TOTAL \$ 47.25

| TRUCK# | DRIVER NAME |
|--------|-------------|
| 690 | John Wade |
| 485 | Zevi |
| 515 | Jeff |
| | |
| | |

| | |
|-------------------------|--------------------|
| SUB TOTAL | \$ 3,247.98 |
| SALES TAX 6.15% | \$ 136.16 |
| TOTAL | \$ 3,384.14 |
| (-DISCOUNT) 0% | \$ - |
| DISCOUNTED TOTAL | \$ 3,384.14 |

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *John Wade*

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

January 14, 2015

Tim Welton
Stonegate Ranch, LLC
2576 CR 2200
CANNEY, KS 67333

Re: ACO-1
API 15-125-32436-00-00
Jabben 3
NE/4 Sec.10-34S-14E
Montgomery County, Kansas

Dear Tim Welton:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/15/2014 and the ACO-1 was received on January 13, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department