Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1240528

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:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
☐ Oil         ☐ WSW         ☐ SWD         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW	Elevation: Ground: Kelly Bushing:				
GG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
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	Drilling Fluid Management Plan				
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Committed Describer	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:  Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR	Escation of haid disposal in hadica offsite.				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSec 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:					

### 1240528

1	24	05	28	

Operator Name:			Lease	Name:			Well #:	
Sec Twp	S. R	East West	Count	y:				
open and closed, flow and flow rates if gas t	now important tops of fo ving and shut-in pressu to surface test, along w	res, whether shut- ith final chart(s). <i>A</i>	in pressure rea Attach extra she	ched static et if more s	level, hydrosta space is neede	tic pressures, t d.	oottom hole temp	erature, fluid recovery,
	og, Final Logs run to ob ed in LAS version 2.0 o				gs must be ema	iled to kcc-well	-logs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes n	No	☐ Lo		on (Top), Depth		Sample
Samples Sent to Geo	ological Survey	Yes N	No	Name	<b>)</b>		Тор	Datum
Cores Taken Electric Log Run			lo lo					
List All E. Logs Run:								
			SING RECORD	Nev		ion etc		
Durance of Ctring	Size Hole	Size Casing		ight	Setting	Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)		/Ft.	Depth	Cement	Used	Additives
		ADDITI	ONAL CEMENT	ING / SQUE	EEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cemen	t # Sack	s Used		Type an	d Percent Additives	
Perforate Protect Casing								
Plug Back TD Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment or	n this well?			Yes	No (If No,	skip questions 2 ar	nd 3)
	total base fluid of the hydra	=		_	= =		skip question 3)	
Was the hydraulic fractur	ring treatment information	submitted to the che	mical disclosure r	egistry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Shots Per Foot		N RECORD - Bridg potage of Each Interv				cture, Shot, Cem mount and Kind of	ent Squeeze Recor <i>Material Used)</i>	d Depth
TUBING RECORD:	Size:	Set At:	Packer /	At:	Liner Run:	Yes	No	,
Date of First, Resumed	Production, SWD or ENH		g Method:	ng 🗆	Gas Lift C	Other (Evalois)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Wate		Other (Explain) bls.	Gas-Oil Ratio	Gravity
	ON OF GAS:	Open Hole	METHOD O Perf.	F COMPLET Dually		mmingled	PRODUCTION	ON INTERVAL:
Vented Sold			_	(Submit A		mit ACO-4)		
(ii ventea, Su	bmit ACO-18.)	Other (Spec	cify)			-		

Form	ACO1 - Well Completion
Operator	Smitherman, Leon C., Jr.
Well Name	MBF 5-1
Doc ID	1240528

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	210	Class A		3%CaCl, 2% gel
Production	7.875	5.5	15.5	3083	Thick Set	165	5# Kol- Seal

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



Cement or Acid Field Report Ticket No. 1963 Foreman Kevin McGy Camp Eureka

APT #15-035-24623

Date	Cust. ID#	Le	ease & Well Number		Section	Township	Range	County	State
11-20-14	1080	M8.	F #5-1		5	305	SE	Cowley	Ks
Customer				Safety	Unit#	l Dri	ver	Unit#	Driver
	2 C . 4/2	2000 . 10		Meeting	105	DAVE	G.		
LEON C. Smitherman JR.			KI	KM	KM 113		an F.		
failing Address				DG	145	Joey	K.		X.
14331	TIPPERARY	CIR		SF T					
City	//	State	Zip Code	JK -					
Wichn	49	KS	67,230						

Job Type Longstrang Hole Depth 3100 KB Slumy Vol. 54 BLL Casing Depth 3074.94 6.4. Hole Size 778" Slurry Wt. 13.7" Casing Size & Wt. 51/2 Cement Left in Casing o' Water Gal/SK 9.0

\_\_\_\_\_ Tubing \_\_\_ Drill Pipe\_\_\_\_\_ Other \_\_\_\_\_

Displacement PSI 1000 Bump Plug to 1500 PSI Displacement 76 BbL Remarks: SAFETY MEETING: RIGUP to 51/2 CASING W/ ROTATING HEAD. BREAK CIRCULATION W/S Bbl WATER. Pump 12 BbL Metasilicate PRE Flush 5 BbL water Spacer. Mixed 165 sks THICK Set Cement w/5\*

HOL-SEAL ISK @ 13.74/gal yield 1.85 = 54 BBL Slurey, wash out Pump of Lines. Shut down. Rekase LATCH down Plug. Displace Plug to SEAT w/ 76 BBL FRESH WATER. FINAL Pumping Pressure 1000 PSI. Bump Plug to 1500 psi. Wait 2 mins. Release PRESSURE. FLOAT & Plug Held. Rotated Casing while Displacing

Plug. Good CIRCUlAtiON @ ALL times while Comenting. Job Complete. Rig down.

# Centralizers on #12468. Baskets on Top of #229

Code	Qty or Units	Description of Product or Services	Unit Price	Total
2 102	1	Pump Charge	1050.00	1050.00
2 /07	40	Mileage	3.95	158.00
201	165 sks	THICK Set Cement	19,50	3217.50
, 207	825 #	KOL-SEAL 5#/SK	. 45 #	371.25
. 216	/00 #	Metasilicate Pre Flush Mixed W/ 12 BbL H20	2.00#	200.00
1088	9.07 Tons	TON Mileage 40 miles	1.35	489.78
113	4 HRS	80 BLL VAC TRUCK	85.00	340.00
224	3300 gals		10.00/1000	33.00
2 661	1	5/2 AFU FIGAT Shoe	294.00	294.00
: 421	1	5/2 LATCH down Plug	230.00	230.00
604	2	5/2 Cement Baskets	225.00	450.00
504	5	51/2 Centralizers	43.00	240.00
112	1	RENTAL ON 51/2 Rotating Head	100.00	100.00
			CITEM	7/73.53
		THANK YOU 6.4%	Sub TotAL Sales Tax	328.69
SECRETARIS PROPERTY OF THE PRO	11/22	of By Mite Stafford _ Title Toolpusher	Total	7502.22

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 7<sup>TH</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report
Ticket No. 1976
Foreman Shannon Fech
Camp Lineka, KS

107 # 1	5-1000	24623				L			
AND DESCRIPTION OF THE PARTY OF		Loon	e & Well Number		Section	Township	Range	County	State
Date 11-17-14	Cust. ID#	mBF.	,		5	305	5E	Cowley	KS
	<u></u>		ACCRECATION OF THE PERSON OF T	Safety	Unit#	Dr	iver	Unit#	Driver
Customer	06	T	· 	Meeting	105	Day	66		
Lean	U. Jim t	- hermain, J	E		11.3	Joly	K		
Mailing Address				SF					
14331	Tipper	zary Cir		TK					
City		State	Zip Code	01					
Wichite	3	KS	67230						and the second s
Job Type _5/		Hole Der	th 224'	D.T. Marco	Slurry Vol.	35 Bbl	Tı	ubing	
Job Type	770 SV	B Hole Siz	الراور		Slurry Wt	18-15#	D	rill Pipe	
Casing Depth		Hole Siz	e 12/2	11.1	Giurry VVI.	1.5		ther	
Casing Size & V	M.S. 35"	Cement L	eft in Casing - 15-2		Water Gal/SK				
Displacement_	13 B	Displace	ement PSI		Bump Plug to			PM	
Remarks: Sar	Calar M	zeting. Ri	q up to	V 5"	Casina.	Break ,	circulat	10n w/5	1361 <u> </u>
Remarks:	257 116		1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1) 15	: 11/ 20%	calina	d 20	% gol/@ 1	14.5-
420. Mi		1	1655 M LE	INFAL	-4 1 -	-10	2 6-1	od circulat	(a)
15 #/gal	, Disp	lace w/ 1	3 Bh/ H:	20 4	SAUT	asing 1	1. 000	100141	
all Fim	ves, 8-1	10 Bbl' SI	very to	Dit.	219 down	1 100	Compres	<i>ie.</i>	
			11 -			10			
				nank	LYUU				
	7								
		A STATE OF THE STA	Siho	a nuo	140	rew	and the second s		
			r 1 1 1 0	411910	The state of the s				MANUFACTURE OF STREET STREET

Code	Qty or Units	Description of Product or Services	Unit Price	Total
	Qty or ornes	Pump Charge	848,00	840.00
101	1/0		395	158.00
107	40	Mileage		
0.00	100000	Class "A" cement	15.00	2250.00
200	150 5KS		,60	255,00
205	425 #	Calcium @ 3%	. 20	56.00
206	280#	6e/@ 2%	* 20	
	7.00	- 1 a lik Tok	1.35	380.70
108B	7.05 Ton	Ton mileage bulk Trk	,,,,,,	
		No.		
	The state of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	The state of the	Company of the second s	-17 Jul	3939,70
**	V (40)	110 91	Sub Total Sales Tax	163.90
1/24		10.40% Title Tent 1054	Jaies lax	4/03.60

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.

# Geologist's Report WellSight Systems

Scale 1:240 (5"=100') Imperial Measured Depth Log

Well Name: MBF #5-1

Location: SE SE SE 5-30-5E

License Number: API#15-035-24623 Region: COWLEY CO., KS

Surface Coordinates: N.A.

**Bottom Hole VERTICAL TEST** 

Coordinates:

Ground Elevation (ft): 1305 K.B. Elevation (ft): 1313 Logged Interval (ft): 2200 To: TD Total Depth (ft): 3100

Formation: MISSISSIPPI
Type of Drilling Fluid: CHEMICAL GEL

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

### Geologist

Name: TOM BLAIR

Company: AAPG CERTIFIED PETROLEUM GEOLOGIST #5892

Address: 22150 SE COLE CREEK RD.

ATLANTA, KS 67008

620-394-2324 tomkat@sktc.net

#### Operator

Company: LEON C. SMITHERMAN JR., LICENSE # 33025

Address: 14331 TIPPERARY CIRCLE

WICHITA, KS 67230

316-733-5434

### **Drilling Information**

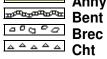
**CONTRACTOR: GULICK DRILLING INC., LICENSE # 32854** 

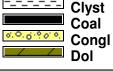
**DRILLING FLUIDS: FUD MUD** 

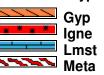
LOGGING: TUCKER ENERGY SERVICES

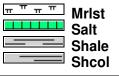
**CEMENTING: ELITE CEMENTING AND ACIDIZING** 

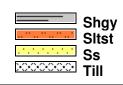
### 











ROP (min/ft) ROP (min/ft)		Lithology	Geological Descriptions	Remarks
PDC BIT RUN FROM UNDER SURFACE TO TD  KANSAS CITY	2200		SHALE, GRAY	KANSAS CITY
	2250		LIMESTONE, LIGHT TAN, FINE CRYSTALLINE, FAIR CRYSTALLINE POROSITY, LIGHT ODOR, LIGHT STAIN TRACE OF FREE OIL	2230 (-917)
			LIMESTONE, GRAY, FINE CRYSTALLINE	
	2300		LIMESTONE, GRAY, FINE CRYSTALLINE, SCATTERED FAIR CRYSTALLINE POROSITY, NO SHOWS	
	2350		LIMESTONE, LIGHT GRAY, VERY FINE CRYSTALLINE, CHALKY	

