

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1242079

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	West
Address 2:			Feet	from North / South Line of	f Section
City: Sta	ate: Zip	D:+	Feet	from East / West Line o	f Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:	
Phone: ()			□ NE □ NW	□ SE □ SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				i. xx.xxxxx) (e.gxxx.xx	xxx)
Wellsite Geologist:			Datum: NAD27 N		
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	Well #:	
New Well Re-	Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:	
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:	
CM (Coal Bed Methane)	G3W	Terrip. Abd.	Amount of Surface Pipe Set a	and Cemented at:	Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co		
If Workover/Re-entry: Old Well Info					Feet
Operator:				nent circulated from:	
Well Name:			,	w/	sx cmt
Original Comp. Date:			loot doparto.		_ 0x 01111
<u> </u>	_	NHR Conv. to SWD			
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management I (Data must be collected from the		
Commingled	Permit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion	Permit #:		Dewatering method used:		
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:	
ENHR	Permit #:		On a water Manage		
GSW	Permit #:			L'anna II	
				License #:	
Spud Date or Date Rea	ched TD	Completion Date or		TwpS. R	
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



Operator Name:				_ Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
				RECORD	Ne				
	0: 11.1					ermediate, product		" 0 1	T 15
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing	Top Dottern								
Plug Back TD Plug Off Zone									
1 lug 011 20110									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the t			-		-		_ ` `	skip question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
						(* *			200
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:			
		0017111				[Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)		



Invoice#802007

TICKET NUMBER	50593	104.
FOREMAN ALGA	11	<i>-</i> 445

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WEI	LL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-7-14	4448	Loom	er K	R-10	SE 31	16	22	Mi
CUSTOMER'	s hespe	inces	E4D		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS	1		1	730	AlaMak	Safely	Meel
9353	W 110-	7			368	min D		
CITY		STATE	ZIP CODE	7	369	Mikbag		
Duer 9	nd Park	165	66210		303	Trottor		
JOB TYPE_	ngstring	HOLE SIZE	37/4	HOLE DEPTH	753	CASING SIZE & V	VEIGHT2	18
CASING DEPTH	727.80	DRILL PIPE_		_TUBING			OTHER NO	basple
SLURRY WEIGH		SLURRY VOL		WATER gal/s		CEMENT LEFT in	CASING 1/2	5
DISPLACEMEN	7 4 1/4	DISPLACEME	NT PSI 800	MIX PSI 2	00	RATE 46	en'	
REMARKS:	ed nee	ting 1	Establ	ished	rate V	Vixed	fum p	ed
100#	sel toll	owed	by 10	o sk	50 150	cement	plus	290
sel +	You fly	end sea	of per	· SGCI	K. Cir	culated	cen	ient.
Flush	ed pump	A 1/	fedde	lugs +	D Cas	ing 71	. We	11 helc
800	157	Set t	loat!					

1.1	/= - //						1	
Way	ylon, Ut	uh				Ma	Ju	
					1.16	may you		
ACCOUNT	- OLIANIEW		1					
CODE	QUANITY	OF UNITS	ļ	ESCRIPTION OF	SERVICES or PI	RODUCI	UNIT PRICE	TOTAL
3701			PUMP CHAR	GE		368		1085
3406	1	20	MILEAGE			368		8400
5402 .	72	1.80	casi	us to	otage	368		
5407 .	NI.	γ,	You	nile		303		368
5502C.	1.	12	1800	96		369		150
	ļ							
			-0/5		,			
1124	10	D	5015	o cen	ent		1150	
111813	26	8#	1,90	1			58 75	
No M	50	, #	Then	o seal		1	67.50	
					nateria	Sys	127646	
					he45	30%	-382.91	
11 0			- 10		Mai	levial to	ta l	89322
4402			2/2/	plug				5900 1
			1 0					
			-					
	60000	miorod					2.4	-
-	 ************************************	医细胞 医连节 医细胞菌	1				3092.87	
	A BARRAS	8512862898						
Bavin 3737	VI GORIS	10101					SALES TAX	72,87
avin 3737		Hilli					ESTIMATED	2712.39
avin 3737	Deves			TITLE_				27/2.39

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

SPUD DATE	11-7-14		
FINISH DAT	E: 11-7-14		-
LEASE: LOOK	ner		
LEASE OPER	ATOR: MRF()		
WELL: KR-	10		100
API: 15-121	-3079 2		
SEC: 2/	TWP: /6	RNG: 2Z	***************************************
COUNTY: A	liani	,	
DRILLERS NA	AME: Waylon J	ohrs	
RIG#: 2			



2394 UTAH ROAD RANTOUL, KS 66079

FORMATIONS	THICKNESS	FROM	то	FORMATION	THICKNESS	FROM	ТО
Soil	2	0	2	Lime	6	399	361
Lime	4	2	6	Shale	6	361	367
Shale	4.	6	10	Lilye KC	6	367	372
Line	15	10	25	Shale	19	372	391
Shale	12	25	37	Grey Sand No. Oil Show	3	391	394
Lime	16	37	53	Shale	84	394	478
Stale	/2	53	65	Grey Sand No Oil Show	4	478	492
Line	24	65	89	Shale	54	482	536
Shale	6	89	95	Line	8	136	
Lime	1.,	95	96	Shale	0.7	544	544
Shale	15	96	111	Lime	4		55/
Grey Sand	2	111	113	Shale Some Coal	23	551 EFT	555
Line	2	1/3	115	Lime Some (Sa)	10	555	578
Shale	74	115	189	Shake	-	578	589
Lime	19	184	508	Lime	12	588	600
Shale	36	208	244	Shale	7	600	603
hime		244	245	Line	7	603	608
Shale	3	245	248	Shale	2	608	610
in C	4	248	252	Linge	4	610	617
Shale	4	252	256	Shale		617	621
oul	5	256	261	Line	13	621	634
Shale	6	261	267	Shule	3	634	637
Line	12	267	279		16	637	653
Shelc	4	279	280	Shale 20% Grey Sand Smell No Bleat	2	653	655
Lime	2	280	282	State 10's Broken Oil Sand Good Blood	2	699	657
Profe	15	292	297	Stake 50% Oil Sound Vay Light Bleed	2	657	659
Line	26	297	323	Schobroken O. Is and boar blend CP	2	659	661
Shule		323	326	50% Beston O. 19end Olerd		661	662,25
ool	6	326	332	Solid Oil Sand Good Bleed		662,25	671
ine	-	332	351	50% Broken O. 1 Soul Bleed		671	681
style	4.	351	395	Shyle TD	72	181	753