

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1242485

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			
Address 2:			Feet	from \square North / \square South Line of Section			
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section			
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:			
Phone: ()			□ NE □ NW	□ SE □ SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD27				
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	Lease Name: Well #:			
New Well Re-Entry Workover			Field Name:				
	SWD	SIOW	Producing Formation:				
☐ Oil ☐ WSW			Elevation: Ground:	Kelly Bushing:			
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:			
CM (Coal Bed Methane)	G3W	iemp. 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 Inf				Feet			
Operator:				nent circulated from:			
Well Name:			, ,	w/sx cmt.			
Original Comp. Date:			loot doparto.	W,			
	_	NHR Conv. to SWD					
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (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 and an Name				
GSW	Permit #:						
				License #:			
Spud Date or Date Rea	iched 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 Approved by: Date:						

Page Two



Operator Name: Lease Name: _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



20120

TICKET NUMBER LOCATION DITAUS FOREMAN Dlan

620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720 CEMENT COUNTY DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE CUSTOMER TRUCK # DRIVER TRUCK # DRIVER ZIP CODE STATE 66210 HOLE SIZE HOLE DEPTH CASING DEPTH **DRILL PIPE** TUBING CEMENT LEFT in CASING SLURRY VOL SLURRY WEIGHT WATER gal/sk DISPLACEMENT PSI 600 DISPLACEMENT MIX PSI Bonnie utah. ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE TOTAL CODE PUMP CHARGE MILEAGE 4402 SALES TAX WO COMPany Ravin 3737 **ESTIMATED** TOTAL Jin OKO **AUTHORIZTION_** TITLE DATE

SPUD DATE: 155016	1							
FINISH DATE: 17 Sep 1	Ù							
LEASE: JORCKE				UTAH		AH W		
LEASE OPERATOR: KINE	(1)							
WELL: KR 26					The State of the S			
	0643							
SEC: TWP:	RNG:			Name and Address of the Owner, where the Owner, which the	2			
COUNTY: Miami			7			V		
	rie Ho	24)01	7	2394 UTA	H ROA	D		
RIG#:	1 (1) 00001	V	RANTOUL,		-		
SURFACE: SIZE BIT 97/8		GTH <u></u>	311	_ SIZE CEMENT _ 5695				
SURFACE: SIZE BIT			THE PARTY OF THE P		2000		_	
DRILL BIT SIZE 57/8	LENG	тн	300C	SIZE 27/8 BAFFLE	31.9	50		
TD 500 CORED 44	14-46	24		5-505			_	
	, , ,,	- 1	-10	5 505			_	
FORMATIONS	THICKNESS	FROM	то	FORMATION	THICKNESS	FROM	то	
Lime	10	Ø	10	Lime	a	445	44	
Shale	103	10	113	Limey Sand (Ham)	3	447	450	
Lime	1 0	113	114	Liney Sand (Lighthan)	3	450	45	
Shale	1	114	115	Limey Sonc (Sight thew)	2	453	455	
Lime	4	115	119	Limey San	5	455	460	
Shale		119	120	Shale	16	460	476	
Lime	12	190	132	Lime	43	476	480	
Shale	24	132	156	Lime/Coal/Sand (Light 610)	4	480	484	
Lime	1	156	157	Strawline (900 618)	1	URLI	4185	
Shale	3	157	160	50Ft Sanduline conal (800)	1/2	1195	Wa	
Lime	H	160	1104	Lime	3	491	1100	
Shale	31	Holl	145	Shale	24	498	63	
Lime	5	195	200	Lime	2	522	53	
Shale	i	300	201	Shale	1	524	526	
Lime	5	901	200	Lime	4	525	525	
Shale	١à	206	310	Shale		529	340	
Lime	1a	218	330	Lime	16	545	60	
Shale	3	230	232	Shale	8	220	550 558 500	
Lime		332	240	Coal TD	4	550	530	
Shale	10	240	<u>a</u> 41	Coal II)		200	200	
Lime	2	341	244					
Shale	1	244	351					
Lime	aa	921	273				1	
Coal	40	273	277					
Lime		244	270					
Shale	aa	277	279					
		781	001				-	
Shale KCB	19	28/	893					
2-1/ C (2 0/ 1) 0/1	177	293 437	437					
							1	
Broken Sand (20%, NoBld) Limey Sand (Light 19d). CP) Broken Sand (50% Collittle)	50	442	444					