Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	ip:+	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.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
	_		Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	dow	тетір. Ава.	Amount of Surface Pipe Set and Cemented at: Fe
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fe
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cr
Original Comp. Date:			,
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
Comming to d	Da		Chloride content:ppm Fluid volume:bb
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of haid disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec. TwpS. R East We
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:				



CORRECTION #1	1243386
Lease Name:	Well #:

Operator Name:				_ Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Sho open and closed, flowing and flow rates if gas to	ng and shut-in press	ures, whetl	her shut-in pre	ssure reacl	ned stati	c level, hydro	ostatic pressures,			
Final Radioactivity Log files must be submitted						gs must be	emailed to kcc-we	ell-logs@kcc.ks.go	v. Digital electror	nic log
Drill Stem Tests Taken (Attach Additional S	heets)	Ye	s No				nation (Top), Dept		Sample	
Samples Sent to Geold	ogical Survey	Ye	s No		Nam	e		Тор	Datum	
Cores Taken Electric Log Run		Ye:								
List All E. Logs Run:										
		Papar	CASING		☐ Ne		duation ata			
	Size Hole	-	t all strings set-c	Weig		Setting	Type of	# Sacks	Type and Perc	cent
Purpose of String	Drilled		(In O.D.)	Lbs. /		Depth	Cement	Used	Additives	
			ADDITIONAL	CEMENTIN	IG / SQL	JEEZE RECC	PRD			
Purpose:	Depth Top Bottom	Type	# Sacks Used Type and Percent Additives							
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydraul	ic fracturing treatment of	on this well?				Yes	No (If No	o, skip questions 2 aı	nd 3)	
Does the volume of the to			_		_	_	=	o, skip question 3)		
Was the hydraulic fracturing	ng treatment information	n submitted t	to the chemical d	lisclosure re	gistry?	Yes	No (If No	o, fill out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plugs ach Interval Perf			Acid,	Fracture, Shot, Cer	ment Squeeze Recor	d Dep	nth
	ореспу і	oolage of L	acii iiiteivai i eir	orated			(Amount and Nind t	or material Oseu)	Бер	7011
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes	No		
Date of First, Resumed F	Production SWD or FN	HR.	Producing Meth	od:				<u> </u>		
Flowing Pumping Gas Lift Other (Explain)										
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravit	ty
DIODOCITIO	NOT CAC			IETUOD OF	COMPLE	TIONI		DDODUCTY		
DISPOSITIO Vented Sold	Used on Lease	По	pen Hole	IETHOD OF		Comp.	Commingled	PRODUCTIO	ON INTERVAL:	
				_ ,	(Submit)		(Submit ACO-4)			
,	(If vented, Submit ACO-18.) Other (Specify)									

Form	ACO1 - Well Completion	
Operator	Lario Oil & Gas Company	
Well Name	Wheelock 4	
Doc ID	1243386	

All Electric Logs Run

DIL	
MEL	
BHCS	
CNL/CDL	

Form	ACO1 - Well Completion	
Operator	Lario Oil & Gas Company	
Well Name	Wheelock 4	
Doc ID	1243386	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
surface	12.25	8.625	28	289	Class A	210	3% cc, 2% gel
production	7.875	5.5	15.5	4388	AA2	205	.2% DF,.3% FL-160,6# salt,1% gas block & .25% Kolseal



PO Box 93999 Southlake, TX 76092

Voice: Fax:

(817) 546-7282 (817) 246-3361

Bill To:

Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093

Garden City, KS 67846

INVOICE

Invoice Number: 144350

Invoice Date: Jul 12, 2014 1

Page:

wheelock # 1-3 (AFE# 14/139)

Customer ID Field Ticket # Payment Terms			
Lario	62840	Net 30	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jul 12, 2014	8/11/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Wheelock #4		
	CEMENT MATERIALS	Class A Common	17.90	3,759.00
1		Chloride	1.10	651.20
	CEMENT SERVICE	Cubic Feet Charge	2.48	535.68
	CEMENT SERVICE	Ton Mileage Charge	2.75	139.78
1	CEMENT SERVICE	Surface	1,512.25	1,512.25
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
5.00	CEMENT SERVICE	Light Vehicle Mileage	4,40	22.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	CEMENT SUPERVISOR	Ron Gilley		
1.00	OPERATOR ASSISTANT	Robert Johnson		
		Les of 1 and		
		Cultural	1	6,658.41

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

1,997.52

ONLY IF PAID ON OR BEFORE Aug 11, 2014

Subtotal	6,658.41
Sales Tax	315.33
Total Invoice Amount	6,973.74
Payment/Credit Applied	
TOTAL	6,973.74

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93'999

SERV

LLU	062840
	Loge KS
JOB START JOISAA COUNTY Reber	JOB FINISH 1095AA STATE KS
- 	
Class A	4 3%×
@ <u> 7.96</u> @	<u> 3759</u>
@ @1./o	651.20
@	
@	
@ @	***************************************

5001HLAN1 2, 1EXAS 76092			Medicine	Lodge KS
DATE 7-12-14 SEC. TWP. RANGE 32 12	CALLED OUT 615 AM	ON LOCATION 730 AM	JOB START	JOB FINISH
LEASE Wheelack WELL# 4 LOCATION / 10	lest of Shop. In	is/won	COUNTY Be-be-	STATE
OLD OR (NEW) (Circle one) Reutinger Rd	South into	·	ISC FIE	
CONTRACTOR Mayorick 106		ario Oil + (5as	
TYPE OF JOB Server HOLE SIZE 124 T.D. 292			***************************************	
HOLE SIZE 1214 T.D. 292 CASING SIZE 85/ 28# DEPTH 289	CEMENT	RDERED 210s.		170
TUBING S'IZE DEPTH	_ AMOUNT O	KDEKED ZIVS.	F Class A	+ 7%6
DRILL PIPE DEPTH		······································		···
TOOL DEPTH				
PRES. MAX MINIMUM		Tlass A 210	e 17.90	<u> </u>
MEAS. LINE SHOE JOINT		***************************************	@	
CEMENT LEFT IN CSG. 20' PERFS.	_ GEL		_@	
DISPLACEMENT 16 & BBI Fresh H20		<u>572 L</u>		
EQUIPMENT	_ Asc		_@	
уушилиу				
PUMPTRUCK CEMENTER Jason Thinesch	****			
#894/265 HELPER Ron Gilley				
BULK TRUCK	***************************************		(A)	
#381/252 DRIVER Robert Johnson	***************************************		_@	
BULK TRUCK				
# DRIVER	LIANDI INC		_@ _	***************************************
	MILEAGE _			
REMARKS:			TOTAL	4410,20
Did circ cement	3690=1323	.Ob	IUIAL	7770,20
	_	SERVIC	Œ	
	DEPTH OF JO)B		- TATALAN ARAMAMAN
	PUMPTRUCI			1512,25
	_ E xtra foo i	FAGE LV 5~	@ 4.40	22.00
	MILEAGE	5,;		38:50
	 MANIFOLD _ 		@	25.75.68
		6 # & c u fl	@ 2.48	4412
011. TO TO 1	D/Gyage	50.834.ni	@ <u>Z.72 </u>	139,78
CHARGE TO: <u>Lacib</u>	10010	ot a		
STREET	3090 = 47	4.46	TOTAL	2248.21
CITYSTATEZIP	<u>-</u>	PLUG & FLOAT	EOUIPMEN'	Г
				-
			@	
	***************************************		@	
To: Allied Oil & Gas Services, LLC.			@	
You are hereby requested to rent cementing equipment			@	
and furnish cementer and helper(s) to assist owner or			@	
contractor to do work as is listed. The above work was				
done to satisfaction and supervision of owner agent or			TOTAL	
contractor. I have read and understand the "GENERAL	0 A 1 E0 TA 2 A	F A		
TERMS AND CONDITIONS" listed on the reverse side.	SALES IAX (I	f Any)		_
	TOTAL CHAR	_{GES_} 6658.	41	
PRINTED NAME	DISCOUNT			TNI 20 TO 1 ***
	Net 46		IF PAID	DAYS UE FILE
SIGNATURE DAY () and ()				



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002301	1718	07/22/2014

INVOICE NUMBER 91547550

Pratt

(620) 672-1201

B LARIO OIL & GAS

I P O BOX 84

L MURDOCK

KS US

67111

T o ATTN:

ACCOUNTS PAYABLE

4 (AFE#C4139) Wheelock LEASE NAME

LOCATION В

COUNTY

Barber

s STATE I

KS

T

JOB DESCRIPTION Cement-New Well Casing/Pi

JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE	ORDER NO.		TEI	RMS	DUE DA	ATE
40746214	20920				Net - 3	30 days	08/21/2	2014
	<u> </u>		QTY	U of M	TINU	PRICE	INVOICE A	TUTOM
or Service Dates	: 07/18/2014 to 0	7/18/2014						
040746214								
171810853A Ceme Cement 5 1/2" Long	nt-New Well Casing/Pi (string	07/18/2014						
AA2 Cement	mark .		255.00	EA		12.72	3	.244.55
C-41P			48.00			2.99		143.70
Salt			1,264.00			0.37		473.02
Cement Friction Red	ucer		72.00			4.49		323.3
C-44			240.00	EA		3.85		925.0
FLA-322			120.00	EA		5.61		673,6
Super Flush			500.00	EA		1.83		916.8
Gilsonite			1,275.00	EA		0.50		639.3
Claymax KCL Substi	tute		5.00	EA		26.20		130.9
"Top Rubber Cmt Plu	ıg, 5 1/2"""		1.00	EΑ		78.59		78.
"Guide Shoe - Regula	ar. 5 1/2"" (Blue)"		1.00	EA		187.11		187.
"Turbolizer, 5 1/2""	(Blue)"		8.00	EA		82.33		658.
"5 1/2"" Basket (Blu	e}"		1.00	EA		217.05		217.
Flapper Type Insrt Fl	oat Valve 5 1/2" (Bl	·	1.00	EA		160.92		160
"Unit Mileage Chg (P	'U, cars one way)"	α	35.00	MI		3.18		111.
Heavy Equipment Mi	leage	1/1	70.00	MI		5.24		366.
"Proppant & Bulk De	l. Chgs., per ton mil		420.00	EA		1.65		691.
Depth Charge; 4001		/P / / /	1.00	EA		1,886.10		1,886.
Plug Container Util. (Chg.	NUM	1.00	EA		187.11		187.
"Service Supervisor,	first 8 hrs on loc.		1.00	EA		130.98		130.
Blending & Mixing Se	ervice Charge	JUL 2 8/2014	255.00	BAG		1.05		267.
	P							
PLEASE REMIT	TO: SE	ND OTHER CORRES):	SUB TOT	'AL	12.	413.

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS,TX 75284-1903

801 CHERRY ST, STE 2100 FORT WORTH, TX 76102

SUB TOTAL TAX

534.14

INVOICE TOTAL

12,947.98

BS 7-24-14



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 10853 A

. 1	PRESSURE PUMPI			-1201			DATE	TICKET NO.	***************************************		
DATE OF JOB 02-	18-14/ DI	STRICT PRAH 1	* 5		WELL 取	OLD I	PROD []IN	J WDW	□Cl	JSTOMER RDER NO.:	
CUSTOMER LORID OIL, MC						heel	ocK	4	/	WELL NO.	***
ADDRESS		, , , , , , , , , , , , , , , , , , ,			COUNTY /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STATE	KS		
CITY	***************************************	STATE					1/12/20/20	Osa PA	1		
AUTHORIZED BY	· · · · · · · · · · · · · · · · · · ·		*****		JOB TYPE:						
EQUIPMENT		EQUIPMENT#	HRS	EQL	IPMENT#	HRS	TRUCK CAL	LED 7-1ツ	DATE	AM TIM	VIE
<u> 23 708 - 209</u>			_			_	ARRIVED A		7	AM &	
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<u> 37900</u>							FINISH OPE	RATION .) 	0.84	د ن
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products, and/or sup	plies includes all o	kecute this contract as an a f and only those terms and the written consent of an o	conditions appe	aring on	the front and bac	k of this do	cument. No addi	tional or substitute	e terms a	and/or condition	s shall
ITEM/PRICE REF. NO.	M.A	ATERIAL, EQUIPMENT	AND SERVIC	CES USI	ED .	TINU	QUANTITY	UNIT PRI	CE	\$ AMOUN	IT
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ec 112	OFR					16	72 -	er."		432	
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F 251	Duide Sh		····			51			_	250	
CF 1431		TUSCOF Floor				FAI	/ .	·		215	
1-1651	Turkliche	Pp.				51	(t)	<u></u>	-	880	00
VF 1901	BUSKIF	***************************************	·			9 1				<u> </u>	الصفحت
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			-	SER	VICE & EQUIF	PMENT	%TA	K ON \$			
			-	MAT	ERIALS		%TA	KON\$			
									DTAL		

SERVICE REPRESENTATIVE Robert 1111

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



REPRESENTATIVE /

FIELD SERVICE ORDER NO.

一年 (金属)

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET

1718 10854 A

CONTinuation

		ING & WIRELINE					DATE	TICKET NO	(C)	<u> 5 H.</u>	- .
DATE OF JOB 7-/	1 7	ISTRICT			NEW 🗵	OLD □	PROD [INJ			STOMER DER NO.:	
CUSTOMER	LARIO 01	Line			LEASE 4	sheel	lack		4	WELL NO) .
ADDRESS					COUNTY	BARI	301	STATE	10		
CITY		STATE			SERVICE C		Man 5	and Pr	h 9/ 20		
AUTHORIZED B	Y				JOB TYPE:	(1)		25			
EQUIPMENT	······	EQUIPMENT#	HRS	EQL	IPMENT#	HRS	TRUCK CALL		DATE	AM PM	TIME
							ARRIVED AT			AM PM	
						***	START OPE	RATION		AM PM	
		· · · · · · · · · · · · · · · · · · ·					FINISH OPE	RATION		AM PM	
		· · · · · · · · · · · · · · · · · · ·					RELEASED			AM PM	
							MILES FROM	1 STATION TO	WELL		
TEM/PRICE REF. NO.	M	ATERIAL, EQUIPMENT	AND SERVI	CES USI	ĒD	UNIT	QUANTITY	UNIT PRIC		\$ AMOL	
ITEM/PRICE	MA	ATERIAL. EQUIPMENT	AND SERVI	CES USI		UNIT	QUANTITY	UNIT PRIC	E	\$ AMOI	UNT
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								Jan 1			
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ORDERED BY CUSTOMER AND RECEIVED BY:

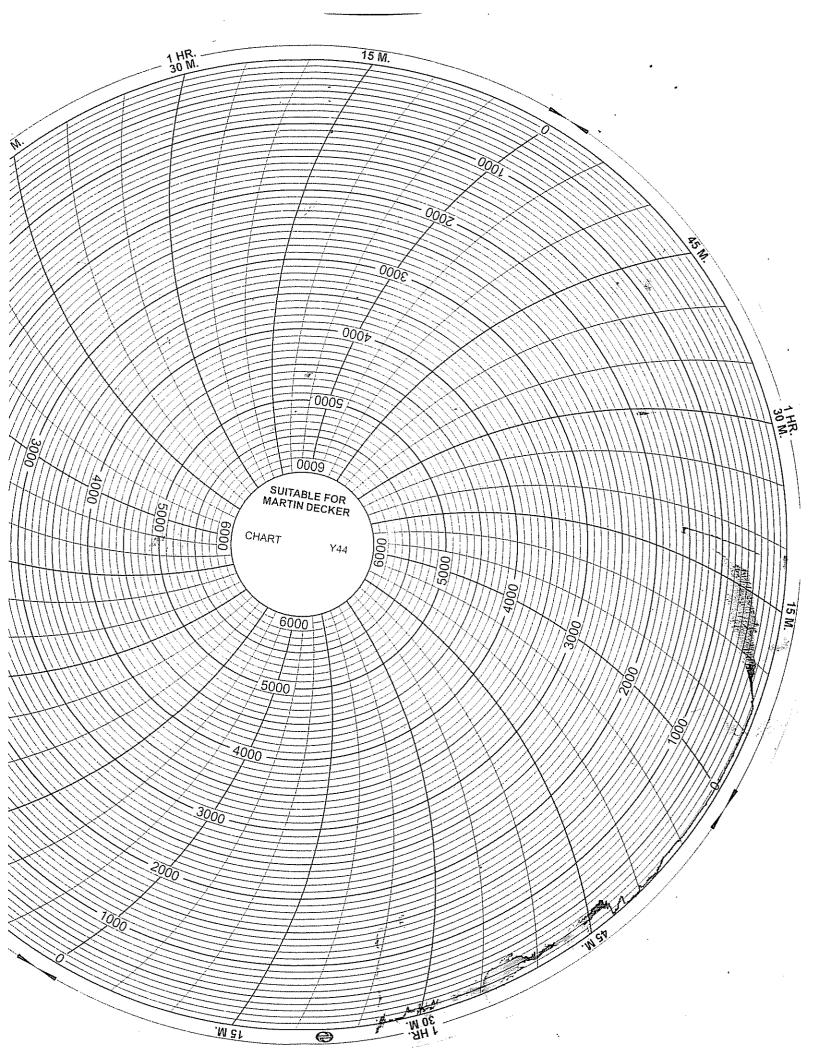
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

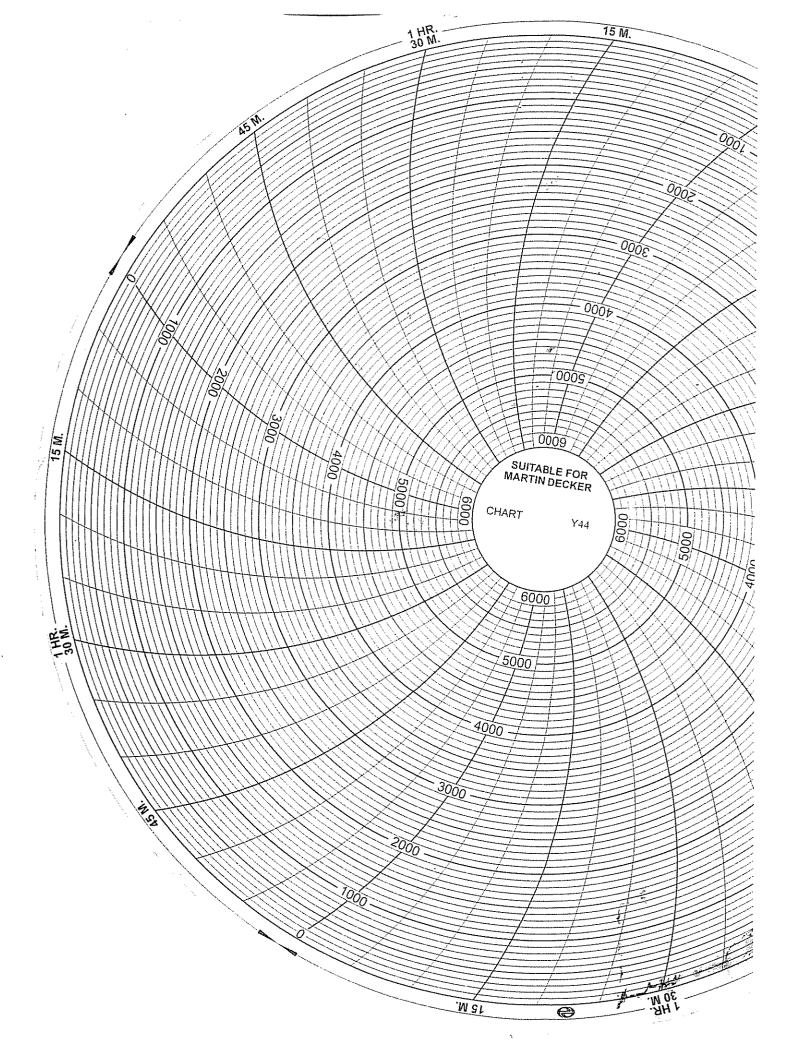


TREATMENT REPORT

Customer	ARIO-	ر(م -	7	71 C	I	ease No.						Date				
Lease COA	9.00/0	00 F	7		V	Vell_#/						1	7-,	15-1	14	
Field Order #	Station	1/2	44		K 5			Casing 2) 	SS	County	7-18-14 IVBARBER State			State
Type Joh) W ==	5/7	1,51.3	راوي	مرزر				Form					Legal D	escription	.5-
	DATA		/		/	DATA		FLUID	USED			<u></u>	TREA	TMENT	RESUME	
Casing Size	ng Size/ Tubing Size		Shots/F	t			Acid	l .				RATE	PRE	SS	ISIP	
Depth389	Depth		From		То		Pre	Pad	***************************************		Max			WW.1- W	5 Min.	
Volume 2	Volume		From		То		Pad				Min		'		10 Min.	
Max Press	Max Press	is	From		То		Frac	;			Avg				15 Min.	
Well Sonnection	n Annulus V	/ol.	From		То						HHP Use	d			Annulus F	ressure?
Plug-Perty	Packer De	epth	From		То		Flus	h			Gas Volui	ne			Total Load	1
Customer Rep	resentative		***************************************			Station	Mana	iger ∕220€	· (), 7	<i>H</i> -	** V	Trea	ter ノノ,	Cost	1.//.	\supset
Service Units	27900	33	つらり	209	20	7095	9/	19918								
Driver Names	(الارز//رر	عب ب	r			Ph	T									
Time	Casing Pressure	J(Pre	ubing / essure	Bbls	s. Pun		/	Rate					Servi	ce Log		
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														1/1/201	6,-)
														(

LARIO an, MA wheelock + A 5'r LS.





Summary of Changes

Lease Name and Number: Wheelock 4

API/Permit #: 15-007-24194-00-00

Doc ID: 1243386

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/26/2014	02/20/2015
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 14190	//kcc/detail/operatorE ditDetail.cfm?docID=12 43386
Well Type	GAS	OIL

Summary of Attachments

Lease Name and Number: Wheelock 4

API: 15-007-24194-00-00

Doc ID: 1243386

Correction Number: 1

Attachment Name

Wheelock #4 Attach



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1214190

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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: S	tate: Zi	D:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	orner:		
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:	We	ell #:		
	e-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	GSW	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Cor	re Expl. etc.):			Collar Used? Yes			
If Workover/Re-entry: Old Well In							
Operator:				cement circulated from:			
Well Name:			, ,	w/			
Original Comp. Date:			loot doparto.				
Deepening Re-perf.	_	NHR Conv. to SWD	B				
Plug Back	Conv. to G		Drilling Fluid Managemer (Data must be collected from to				
			Chlorida content:	nom Fluid volume	. hhla		
Commingled	Permit #:			ppm Fluid volume:			
Dual Completion	Permit #:		Dewatering method used: _				
SWD	Permit #:		Location of fluid disposal if	hauled offsite:			
☐ ENHR	Permit #:		Operator Name:				
☐ GSW	Permit #:			License #:			
				TwpS. R			
Spud Date or Date Re Recompletion Date	ached TD	Completion Date or Recompletion Date	County:				

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: