

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1246757

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

| | | | |
|---|------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG | | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | | |
| <input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____ | | | |

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

| | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |
| <input type="checkbox"/> Commingled | | Permit #: _____ | |
| <input type="checkbox"/> Dual Completion | | Permit #: _____ | |
| <input type="checkbox"/> SWD | | Permit #: _____ | |
| <input type="checkbox"/> ENHR | | Permit #: _____ | |
| <input type="checkbox"/> 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: _____



1246757

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 (Attach Additional Sheets) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| 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: | | | | |

| 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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | |
| | | | | |
| | | | | |

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 (Amount and Kind of Material Used) | Depth |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes 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 (Explain) _____ | | | | | |
| 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 (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____ | | | | PRODUCTION INTERVAL: <hr/> <hr/> | |
|--|---|--|--|--|---|--|

DRILLERS LOG

Company: MARK MORRISON

Contractor: EK Energy LLC

License# 33977

Farm: HEMPEN

County: WOODSON

Well No. H-3

Sec: 35 TWP: 26 Range: 16E

API: 15-207-29209-00-00

Location: 2806 FSL

Surface Pipe: 40'

Location: 3460 FEL

Spot: SF-SW-SE-NW

Building Materials
Farm & Ranch Supplies
Structural Steel Products
Hardware & Paint

CLEAVER

FARM & HOME

A Division of Cleaver Farm Supply, Inc.

2103 S. SANTA FE
CHANUTE, KS 66720
(620)431-6070

SOLD TO
MARK MORRISON
MORRISON CONSTR
1651 50TH. RD.
YATES CENTER, KS 66785-5141
620-537-6675

SHIP TO
MORRISON CONSTRUCTION
1651 50TH RD

YATES CENTER, KS 66783



Shipment #: 1

| ACCOUNT # | CUSTOMER P.O.# | | TERMS | | ORDER # | ORDER DATE | SLSMN | INVOICE # | INVOICE DATE | | | | | |
|-----------|----------------|---------|----------|---|---------|------------|--------|-----------|--------------|--|--|--|--|--|
| M1876 | | | NET 10TH | | 1337222 | 01/26/15 | JC | 898068 | 01/26/15 | | | | | |
| ORDERED | BACKORDERED | SHIPPED | U/M | DESCRIPTION | | | PRICE | AMOUNT | | | | | | |
| 8 | 0 | 8 | EA | CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ? | | | 11.250 | 90.00* | | | | | | |
| INVOICE | | | | | | | | | | | | | | |
| # H-3 | | | | | | | | | | | | | | |

January 26, 2015 09:46

JASON CLEAVER

0 / 1

MERCHANDISE 90.00

| SHIP VIA | FILLED BY | CHK'D BY | DRIVER |
|----------|-----------|----------|--------|
| | | | |

* INVOICE *

10

PAGE 1 OF 1

| | |
|--------------|--------------|
| OTHER | 0.00 |
| TAX 8.400% | 7.56 |
| FREIGHT | 0.00 |
| TOTAL | 97.56 |

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Account due 10th of month following purchase. 1 1/2% interest per month added for an annual percentage rate of 18%.

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



NOTICE TO OWNER
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.
Contractor must provide place for truck to wash out. A \$30 charge will be added per truck if contractor does not supply a place to wash truck out. Tow charges are buyer's responsibility.

SOLD TO:
MD0009
MARK MORRISON
1651 50TH RD

| TIME | FORMULA | LOAD SIZE | YARDS ORDERED | DRIVER/TRUCK | PLANT/TRANSACTION # |
|----------|-----------|-----------|---------------|--------------|--------------------------------|
| 12:17 PM | WELL | 10.50 | 10.50 | 10 38 | NEOCO |
| DATE | PO NUMBER | LOAD # | YARDS DEL. | BATCH# | WATER TRIM SLUMP TICKET NUMBER |
| 3/10/15 | | 1 | 10.50 | 15 | 0.00 4.00 14 388874 |

WARNING

IRRITATING TO THE SKIN AND EYES.

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water, If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time of Delivery.

Material is Delivered.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of the truck may possibly cause damage to the premises and/or adjacent property if it places the material in the load where you desire it. It is our opinion that you can move the load in any way that you desire, and that you are responsible for any damage that may occur to the premises, and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

SIGNED

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By

H₂O Added By Request/Authorized By

GAL-X

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DEFICING INSIDE CURB LINE.

LOAD RECEIVED BY:

| QUANTITY | CODE | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|----------|----------|--------------------------|------------|------------------|
| 10.50 | WELL | WELL (10 SACKS PER UNIT) | 10.50 | |
| 1.00 | WC | WINTER CHARGE | 1.00 | |
| 2.50 | TRUCKING | TRUCKING CHARGE | 2.50 | |
| 10.50 | MIX&HAUL | MIXING AND HAULING | 10.50 | |
| | | | | 111-3 |

| RETURNED TO PLANT | LEFT JOB | FINISH UNLOADING | DELAY EXPLANATION/CYLINDER TEST TAKEN | TIME ALLOWED |
|-------------------|--------------|------------------|--|---------------------|
| | | 141 | 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER | % TAX 7.415 |
| LEFT PLANT | ARRIVED JOB | START UNLOADING | | TIME DUE |
| 1240 | 121 | | | ADDITIONAL CHARGE 1 |
| TOTAL ROUND TRIP | TOTAL AT JOB | UNLOADING TIME | | ADDITIONAL CHARGE 2 |
| | | | | GRAND TOTAL ► |

MARK MORRISON
1651 50th Road
Yates Center, KS 66783

WORK ORDER

HEMPEN LEASE

| <u>DATE</u> | <u>WELL</u> | <u>DESCRIPTION</u> |
|-------------|-------------|--|
| 3/6/2015 | H-3 | mixed 8 sacks of cement to cement surface |
| 3/10/2015 | H-3 | established circulation; circulate 105 sacks of cement to surface pumped plug and set float shoe |