Confidentiality Requested: Yes No

Recompletion Date

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1246979

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: | | | | | | |
| Address 2: | | Feet from Dorth / South Line of Section | | | | |
| City: State: Zip: | + | Feet from East / West Line of Section | | | | |
| Contact Person: | | Footages Calculated from Nearest Outside Section Corner: | | | | |
| Phone: () | | | | | | |
| 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: Well #: | | | | |
| New Well Re-Entry | Workover | Field Name: | | | | |
| | SIOW | Producing Formation: | | | | |
| | | Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: | | | | |
| | Temp. Abd. | | | | | |
| 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 | | | | | | |
| Deepening Re-perf. Conv. to ENHR | R Conv. to SWD | Drilling Fluid Management Plan | | | | |
| Plug Back Conv. to GSW | Conv. to Producer | (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: | | | | |
| GSW Permit #: | | Lease Name: License #: | | | | |
| | | Quarter Sec TwpS. R East West | | | | |
| Spud Date or Date Reached TD C | ompletion Date or | | | | | |

County:

AFFIDAVIT

Recompletion Date

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: | | | | | | |

Permit #:_

| | Page Two | 1246979 |
|-------------------------|-------------|---------|
| Operator Name: | Lease Name: | Well #: |
| Sec TwpS. 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) | | Yes No | | .og Formatio | n (Top), Depth an | epth and Datum | |
|--|----------------------|------------------------------------|----------------------|------------------|-------------------|------------------|-------------------------------|
| Samples Sent to Geolog | | Yes No | Nam | e | | Тор | Datum |
| Cores Taken Electric Log Run | | Yes No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | | | | | | |
| | | CASING Report all strings set-c | RECORD Ne | | on, 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 / SQL | JEEZE RECORD | | | |
| Purpose: Perforate | Depth Top Bottom | Type of Cement | # Sacks Used | | Type and Pe | ercent Additives | |
| Protect Casing | | | | | | | |
| Plug Off Zone | | | | | | | |
| Did you perform a hydraulic | | Yes | No (If No, skip | o questions 2 an | d 3) | | |
| | 0 | raulic fracturing treatment ex | ceed 350,000 gallons | | | question 3) | |

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | | | | ement Squeeze Record d of Material Used) | Depth | | | |
|--------------------------------------|---|------------------|-----------|-----------------|---------------------|---|------------------------------|-----------------|---------------|---------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Siz | ze: | Set At: | | Packe | r At: | Liner F | | No | |
| Date of First, Resumed | I Product | ion, SWD or ENHF | ۶. | Producing Me | ethod: | ping | Gas Lift | Other (Explain) | | |
| Estimated Production Per 24 Hours | | Oil Bb | ls. | Gas | Mcf | Wate | er | Bbls. | Gas-Oil Ratio | Gravity |
| | | | | | | | | | 1 | |
| DISPOSITION OF GAS: METHOD OF COMP | | OF COMPLE | TION: | | PRODUCTION INT | FERVAL: | | | | |
| Vented Sold Used on Lease | | | Open Hole | Perf. | Dually (Submit A | | Commingled (Submit ACO-4) | | | |
| (If vented, Submit ACO-18.) | | | | Other (Specify) | | | | | | |

Yes

No

(If No, fill out Page Three of the ACO-1)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RICK'S WELL SERVICE P.O. BOX 268 CHERRYVALE, KS 67335 620-336-2944 KCC # 33969

DATE JOB# SEC TWP RANGE LEASE WELL# 9/29/14 21 30 16 Unit 1 Fee #12

| CUSTOMER: | AX&P Inc. | FSL 980 | COUNTY Wilson |
|-----------------|---------------|----------|---------------|
| MAILING ADDRESS | P.O. Box 1176 | FEL 5100 | STATE Kansas |
| CITY & STATE | Independence | ZIP CODE | 67301 |

| | | CEMENTING | & ACID | | |
|-------------|---------------|-------------|--------|-------------|-------|
| TYPE OF JOB | cement casing | CASING SIZE | PLUGS | PLUG SIZE | 2 |
| SURFACE | FT 30' | 6 5/8 " | BOTTOM | | |
| PRODUCTION | TD 852' | 2 1/2" | MIDDLE | | ***** |
| HOLE DATA | | | TOP | | |
| TOTAL DEPTH | 855' | | | MAX PRESSUR | 600# |
| HOLE SIZE | 5 1/4" | | | TREAT | 150# |
| WASH | | | | ADMIXES | |

| | | PULLING UNIT - DI | RILLING & HOLE CL | EAN UP - HEATER | TRUCK | |
|-------------------|-----|-------------------|------------------------------|-----------------|------------|-------|
| TYPE OF JOB | | PULLING | WASHING | CEMENTING | PWR SWIVEL | DOZER |
| JOB START STOP | JOB | | | | | |

COMMENTS:

| Hook onto 2 1/2" ca | sing, establish rate, circulate one |
|--|-------------------------------------|
| sack gel, circulate c | ement from 852' to surface. |
| Drop wiper plug and | I switch to fresh water, pump plug |
| down to 852', shut ir | n w/600 psi. Used 107 sks. Cement |
| | tes " |
| | |
| a dana mangangan disebut di sebut na | |
| | |
| a dipakan dari menangan perangan dan perangan dari kan d | |
| | |
| | đ |
| | |
| | |
| | |
| | |
| SI IDEDVISOD. | Dick Housel |

| PUMP CHG: | | \$ |
|-----------------|--|----|
| WATER:(80 Vac.) | ng ban gan gan lan ang ang ang ang ang ang ang ang ang a | \$ |
| PULLING UNIT: | | |
| TRANSPORT | tan ma an | \$ |
| CEMENT SACKS | @ | \$ |
| ADMIXES | | \$ |
| EQUIPMENT | | |
| HEATER | | |
| POWER SWIVEL: | ****** | \$ |
| DOZER: | | |
| OTHER: | | \$ |
| | SUBTOTAL | \$ |
| 8. S | SALES TAX | \$ |
| | TOTAL | \$ |
| | | |

FIELD REPORT

SUPERVISOR:

Rick Housel