

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249350
OIL & GAS CONSERVATION DIVISION

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
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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: _____

1249350

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

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 <i>(Amount and Kind of Material Used)</i>	Depth

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 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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Cement, Acid, or Tools

Service Ticket

Ticket # PS -08

Date: 4/3/2015

CHARGE TO:

ADDRESS: 1690 155th st CITY Ft Scott STATE KS ZIP 66711

LEASE & WELI Groves 2-32D-4 CONTRACTOR Running Foxes

KIND OF JOB: Cenent Long String SEC. 32 TWP. 27 RNG. 22

DIR. TO LOC.: _____

Quantity	Material Used	Serv. Charge
125 Sx	Portland Cement	
22 BBL	Fresh Water	
1	2 7/8 Rubber Pump Down Plug	
5.87 Ton	BULK CHARGE	
30	BULK TRK. MILES	
30	PUMP TRK MILES	
2.5	WATER TRK HRS	
	PLUGS	
		SALES TAX
		TOTAL

T.D. 785' CSG SET AT 716' VOLUME _____

SIZE HOLE 6.750" TBG SET AT _____ VOLUME _____

MAX PRESS. 500# PIPE SIZE 2 7/8 EUE

Cement Weight 14.9 # PKER DEPTH _____

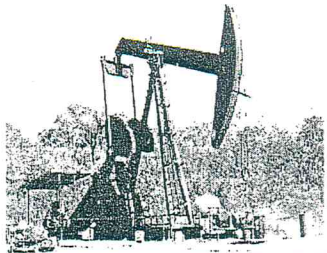
PLUG USED _____ TIME FINISHED _____

REMARKS: Breck Curculation Start Mixing Cement Pump 125 Sx Wash Up Pump
Pump Down Plug Set Plug With 500#

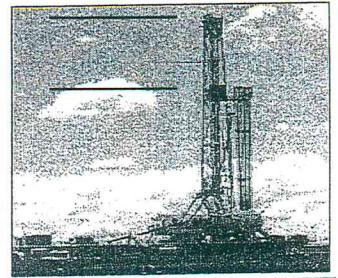
EQUIPMENT USED			
NAME:	UNIT NO.#	NAME:	UNIT #
<u>Robert Hixon</u>	<u>Pump Truck</u>	<u>Preston Spencer</u>	<u>Bulk Truck</u>
<u>Justin Harvey</u>	<u>Water Truck</u>	_____	_____

Tunesco Rep Signature

Owners Rep Signature



CST Oil & Gas



Operator: RFP Well: 2-32D-4
 Spud Date: 3-30-15 Completion Date: 4-3-15 Bit Size: 6-3/4 Surface Size: 8-5/8

Depth	Formation	Remarks	Casing Tally
0-3	Soil		1 31.30
3-23	Shale		2 30.50
23-24	Coal		3 31.90
24-29	Shale		4 32.90
29-33	Lime		5 32.45
33-81	Shale		6 30.60
81-98	Lime		7 31.55
98-105	Shale		8 31.50
105-112	Lime		9 28.40
112-176	Shale	Pawnee	10 31.25
171-176	Lime		11 31.50
176-177	Shale		12 31.40
177-178	Coal		13 32.70
178-182	Shale		14 31.20
182-221	Lime	Pawnee	15 30.10
221-223	Black Shale	Anna	16 31.65
223-279	Shale		17 30.55
279-295	Lime	ft Scott	18 31.10
295-304	Shale		19 32.80
304-306	Lime	5 ft	20 30.90
306-316	Shale		21 28.70
316-326	Sand / Squirrel	Oil Show + odor	22 29.60
326-409	Shale		23 32.30
409-410	Lime	Ardmore	
410-440	Shale		716.55
440-450	Black Shale		
450-469	Shale		
469-473	Coal		
473-579	Shale		
579-640	Shale / Lime		
640-661	Oil Sand	Show + odor	
661-663	Coal	Roe	
663-728	Shale		
728-752	Coal	Riverton	
752-785	Lime	MISS	

Best Sand 648-658

3 Center lizers
1 Flow shoe