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:			SecTwp S. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	Feet from
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-	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	☐ SIOW ☐ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fee
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to: sx cm
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)
O constituents of	D		Chloride content: ppm Fluid volume: bbls
☐ Commingled☐ Dual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of haid disposal if hadied offsite.
☐ GSW	Permit #:		Operator Name:
_			Lease Name: License #:
Spud Date or Date Rea	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
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:					



1253496 CORRECTION #1

Operator Name:				Lease l	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe vith final c	ther shut-in pre chart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitte						gs must be ema	liled to kcc-well-	iogs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	e		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
				RECORD	Ne				
						ermediate, product			
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	i
Perforate Protect Casing									
Plug Back TD Plug Off Zone									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the to			-		-		_ ` `	skip question 3)	(
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry'?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
	, ,					,		,	
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:			
						[Yes N	0	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:			METHOD OF	COMPLI	TION:		PDOD ICTI	ON INTERVAL:
Vented Solo			Open Hole	Perf.			nmingled	FNODUCII	JIN IINTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit)		mit ACO-4)		

Form	ACO1 - Well Completion		
Operator	& P Enterprises, LLC		
Well Name	DONNER I14		
Doc ID	1253496		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	22	Portland	5	50/50POZ
Completio n	5.6250	2.8750	8	709	Portland	99	50/50 POZ

Summary of Changes

Lease Name and Number: DONNER I14

API/Permit #: 15-121-30469-00-00

Doc ID: 1253496

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved Date	08/29/2014	05/29/2015	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12	
TopsDatum1	19482	53496 GL	
TopsDepth1		20	
Well Type	OIL	EOR	



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1219482

Form ACO-1
August 2013
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Date:			
Confidential Release Date:			
Wireline Log Received			
Geologist Report Received			
UIC Distribution			
ALT I II III Approved by: Date:			