

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Summary of Changes

Lease Name and Number: Compton 3

API/Permit #: 15-099-24695-00-00

Doc ID: 1254366

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/19/2015	07/08/2015
CasingPurposeOfString PDF_2	Intermediate	Production
Disposition Of Gas - Sold	No	Yes
Disposition Of Gas - Used on lease	No	Yes
Fracturing Question 1	No	Yes
Fracturing Question 2		No
Liner Run?		No
Method Of Completion - Perf	No	Yes
Perf_Depth_1		792-800
Perf_Depth_2		804-808

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_1		610 gal 15% HCL
Perf_Material_2		8269# sand, 42000 gal H2O
Perf_Record_1		32 shots 792-800
Perf_Record_2		16 shots 804-808
Perf_Shots_1		4
Perf_Shots_2		4
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1246445	../../../../kcc/detail/operatorEditDetail.cfm?docID=1254366
Tubing Record - Set At		872
Tubing Size		2.375
Well Type	OIL	OG

Company # 27654
 FASTRACK ENERGY LLC
 Cherryvale, KS

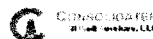
B. T. Lorenz
 KCC# 33286
 620-330-8443

508 21500 RD
 Cherryvale, KS
 67335

Lease: Compton API: 015-099-24695 spud date 2/20/2015 900
 Well # 3 GPS: long SURF Bit: 11"
 County: LB lat set depth 20'
 Well TD: 1081 SURF Dia. 8.685"
 Hole Dia: 6.75" sacks 5

Depth:	Material:	Formation:	Depth:	Mat:	Form:
0	7 dirt		465	468 sand	odor
7	10 lime		468	488 sandy shale	
10	68 shale		488	503 shale	
68	71 sand		503	504 coal	
71	110 shale		504	522 shale	
110	113 lime		522	527 sandy shale	
113	116 shale		527	531 sand	oil
116	138 lime		531	533 sand	hard
138	141 shale		533	611 sand	oil
141	143 blk shale		611	614 shale	
143	177 shale		614	616 coal	
177	191 sand	oil	616	644 shale	
191	208 sandy shale		644	645 coal	
208	230 lime	oswego	645	669 shale	
230	232 shale		669	671 coal	
232	234 blk shale		671	678 shale	
234	257 lime		678	679 coal	
257	259 shale		679	707 shale	
259	262 blk shale		707	708 coal	
262	264 shale		708	765 shale	
264	267 lime		765	766 coal	
267	274 sand	no od	766	771 lime	miss/oil
274	300 sandy shale		771	1081 lime	
300	336 shale				
336	338 lime				
338	345 shale				
345	346 coal				
346	351 sand	sl od			
351	368 sandy shale				
368	370 lime				
370	376 shale				
376	379 lime	br			
379	381 coal				
381	389 shale				
389	391 coal				
391	423 shale				
423	426 coal				
426	465 shale				

*UPGRADE KCC
 4-20-15
 1*



CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Fastrack Energy LLC	State, County	Lafayette, Kansas	Cement Type	
Job Type	Long String	Section	28	Excess (%)	30%
Customer Acct #		TWP	33	Density	14
Well No.	Compton #3	RGE	19E	Water Required	7.94
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	90
Zip Code		Drill Pipe		Slurry Volume	27.8
Contact		Casing Size	4.5/ 9.5#	Displacement	14.1
API#	15-099-24695	Hole Size	6 3/4	Displacement PSI	300
Cell		Casing Depth	872	MIX PSI	100
Dispatch Location	BARTLESVILLE	Hole Depth	1090	Rate	3.5
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	60	PER MILE	\$4.20	\$ 252.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00
5402	FOOTAGE	872	PER FOOT	\$0.23	\$ 200.56
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				EQUIPMENT TOTAL	\$ 2,120.56
Cement, Chemicals and Water					
1126	WC. CEMENT (CAL SEAL) 6%OWC, 2% CAL. CHLORIDE 2% GE	90	0	\$19.75	\$ 1,777.50
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1111	GRANULATED SALT (50#) SELL BY #	600	0	\$0.39	\$ 234.00
1111A	METASILICATE (GILLETTE & BARTLESVILLE)(50#)	50	0	\$2.10	\$ 105.00
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1102	CALCIUM CHLORIDE	50	0	\$0.78	\$ 39.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	5400	Per Gal	\$0.02	\$ 93.42
				Chemical Total	\$ 2,653.92
Cement Water Transports					
5501C	WATER TRANSPORT (CEMENT)	5	WATER TRANSPORT (CEMENT)	\$120.00	\$ 600.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				Transports Total	\$ 600.00
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
Downhole Tools					
0			0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 47.25
				SUB TOTAL	\$ 5,421.73
				SALES TAX	\$ 199.89
				TOTAL	\$ 5,621.62
TRUCK#	DRIVER NAME				
656	John Wade				
398	Scullaw, Bryan				
551	Scott Cox				
534/t64	Seth				

AUTHORIZATION: *Internally*
 DATE: 3/25/15

TITLE: _____
 FOREMAN: *John Wade*

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246445
OIL & GAS CONSERVATION DIVISION

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 # _____

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
-----------------------------------	-----------------	---

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: _____