

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:
 Yes No

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: _____

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton 4
Doc ID	1255947

All Electric Logs Run

Composite
Phased Induction
Compensated Neutron
Micro

Summary of Changes

Lease Name and Number: Compton 4

API/Permit #: 15-099-24696-00-00

Doc ID: 1255947

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/27/2015	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		798-803
Perf_Depth_2		810-815

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_1		610 gal 15% HCL
Perf_Material_2		11204# sand, 42000 gal H2O
Perf_Record_1		20 shots 798-803
Perf_Record_2		20 shots 810-815
Perf_Shots_1		4
Perf_Shots_2		4
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248228	../../../../kcc/detail/operatorEditDetail.cfm?docID=1255947
Tubing Record - Set At		840
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: 015-099-24696 spud date 3/20/2015 1700
Well # 4 GPS: long -95.3334191 SURF Bit: 12.25"
County: LB lat 37.1355981 set depth 20'
Well TD: 843 SURF Dia. 8.685"
Hole Dia: 6.75" sacks 5

Depth:	Material:	Formation:	Depth:	Mat:	Form:
0	4 dirt		469	530 shale	
4	12 lime		530	536 blk shale	
12	26 shale		536	570 sandy shale	
26	32 lime		570	576 sand	ft odor
32	125 shale		576	628 sand	oil
125	130 lime		628	712 shale	
130	135 shale		712	713 coal	
135	155 lime		713	746 shale	
155	157 blk shale		746	747 blk shale	
157	184 shale		747	774 shale	
184	186 lime		774	776 coal	
186	194 shale		776	787 shale	
194	210 sand	odor	787	798 lime	miss/ oil
210	217 sand	sl od	798	843 lime	hard
217	225 sandy shale				
225	252 lime	oswego			
252	256 blk shale				
256	276 lime				
276	278 shale				
278	285 sand	no od			
285	357 sandy shale				
357	358 blk shale				
358	363 shale				
363	365 lime				
365	366 blk shale				
366	380 sandy shale				
380	381 coal				
381	406 sandy shale				
406	408 coal				
408	413 sandy shale				
413	414 coal				
414	427 shale				
427	429 coal				
429	446 shale				
446	448 blk shale				
448	466 shale				
466	468 lime				
468	469 coal				

*620-330-8443
4/20/15*

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	FAST TRACK ENERGY LLC	State, County	Labette, Kansas	Cement Type	CLASS A
Job Type	PRODUCTION CASING	Section	33	Excess (%)	30%
Customer Acct #		TWP	28S	Density	14
Well No.		RGE	19E	Water Required	7.94
Mailing Address	C-4	Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	90
Zip Code		Drill Pipe		Slurry Volume	27.3
Contact		Casing Size	4.5	Displacement	13.3
Email		Hole Size	6.75	Displacement PSI	400
Cell		Casing Depth	840	MIX PSI	150
Dispatch Location	BARTLESVILLE	Hole Depth	846	Rate	4.5
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
5402	FOOTAGE	840	PER FOOT	\$0.23	\$ 193.20
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
5821	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
EQUIPMENT TOTAL					\$ 2,113.20

Cement, Chemicals and Water					
1126	PWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL CHLORIDE 2% GE	90	0	\$19.75	\$ 1,777.50
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1102	CALCIUM CHLORIDE	50	0	\$0.78	\$ 39.00
1111	GRANULATED SALT (50#) SELL BY #	500	0	\$0.39	\$ 195.00
1111A	METASILICATE (GILLETTE & BARTLESVILLE)(50#)	50	0	\$2.10	\$ 105.00
1123	CITY WATER (PER 1000 GAL)	5000	Per Gal	\$0.02	\$ 88.50
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	\$ -
Chemical Total					\$ 2,608.00

Cement Water Transports					
5501C	WATER TRANSPORT (CEMENT)	4	ATER TRANSPORT (CEME	\$120.00	\$ 480.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
Transports Total					\$ 480.00

Cement Floats - Equipment REPORT					
0	Cement Basket		0	\$0.00	\$ -
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedner Clamps, Misc		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
4404	Plugs and Bell Seals 4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
0	Tools		0	\$0.00	\$ -

TRUCKS		DRIVER NAME	CEMENT FLOATING	SUB TOTAL	\$ 5,248.45
398		Wade, John	0	TAXES TAX	\$ 196.49
551		SETH VEITH		TOTAL	\$ 5,444.94
412 T-64		TOM JONES			

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN Tracy Williams

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 1248228
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 #: _____
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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: _____