



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1256633
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

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
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

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

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

July 2014

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34344

Name: Culbreath Oil & Gas Company, Inc.

Address 1: 3501 S Yale Ave

Address 2: _____

City: Tulsa State: OK Zip: 74135 + 8014

Contact Person: Kevin Howard

Phone: (918) 749-3508

CONTRACTOR: License # 33575

Name: WW Drilling, LLC

Wellsite Geologist: Steve Murphy

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 #: _____

5/12/15 5/22/15 5/23/15

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-153-21139-00-00

Spot Description: _____

S2_N2_NW_SE Sec. 7 Twp. 5 S. R. 35 East West

2,272 Feet from North / South Line of Section

1,980 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: Rawlins

Lease Name: Jack Faber Well #: 1-7

Field Name: Not Named

Producing Formation: _____

Elevation: Ground: 3228 Kelly Bushing: 3233

Total Vertical Depth: 4880 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 344 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: 13,000 ppm Fluid volume: 600 bbls

Dewatering method used: Air dry/ back fill

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: _____

Title: _____ Date: _____

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: Culbreath Oil & Gas Company, Inc. Lease Name: Jack Faber Well #: 1-7
 Sec. 7 Twp. 5 S. R. 35 East West County: Rawlins

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" 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 checked="" 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
Surface	12 1/4	8 5/8	23#	344'	Common	350	3% cc, 2% gel

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

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July 2014
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OPERATOR: License #: 34344
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Address 1: 3501 S Yale Ave
Address 2: _____
City: Tulsa State: OK Zip: 74135 + 8014
Contact Person: Kevin Howard
Phone: (918) 749-3508
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-153-21139-00-00
Spot Description: _____
S2 - N2 - NW - SE Sec. 7 Twp. 5 S. R. 35 East West
2,272 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rawlins
Lease Name: Jack Faber Well #: 1-7
Date Well Completed: 5/23/15
The plugging proposal was approved on: 5/18/18 (Date)
by: Marvin Mills (KCC District Agent's Name)
Plugging Commenced: 5/23/15 @ 7:30 AM
Plugging Completed: 5/23/15 @ 10:15 AM

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	8 5/8	344'	None

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Commenced cementing 5/23/15 @ 7:30 AM, 1st plug: 50sx @ 2960', 2nd plug: 100sx @ 2127', 3rd plug: 50sx @ 400', 4th plug: 10sx @ 40', 30sx in the rathole. Total of 60/40 Poz - 4% Gel - 1/4 # per sx flo-seal. Drilling mud was placed between all stages. Plugging complete 5/23/15 @ 10:15 AM, by Consolidated.

Plugging Contractor License #: 33575 Name: WW Drilling, LLC
Address 1: 233 S. 4th St Address 2: PO Box 307
City: Wakeeney State: KS Zip: 67672 + _____
Phone: (785) 743-6774
Name of Party Responsible for Plugging Fees: Culbreath Oil & Gas Company, Inc.

State of _____ County, _____, ss.

(Print Name) Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: _____



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 149560
Invoice Date: May 12, 2015
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Culbreath Oil & Gas Co., Inc. 3501 S Yale Ave Tulsa, OK 74135

Customer ID	Field Ticket #	Payment Terms	
Cul	64732	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	May 12, 2015	6/11/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Jack Faber #1-7		
350.00	CEMENT MATERIALS	Class A Common	17.90	6,265.00
987.00	CEMENT MATERIALS	Chloride	1.10	1,085.70
367.50	CEMENT SERVICE	Cubic Feet Charge	2.48	911.40
847.00	CEMENT SERVICE	Ton Mileage Charge	2.75	2,329.25
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
50.00	CEMENT SERVICE	Pump Truck Mileage	7.70	385.00
50.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	220.00
1.00	CEMENT SUPERVISOR	Andrew Forslund		
1.00	CEMENT SUPERVISOR	Paul Beaver		
1.00	EQUIPMENT OPERATOR	Darren Racette		

①15022

1601

5/15
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SCANNED

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 5,337.61

ONLY IF PAID ON OR BEFORE

May 12, 2015

Subtotal	12,708.60
Sales Tax	580.71
Total Invoice Amount	13,289.31
Payment/Credit Applied	
TOTAL	13,289.31

w/Discount \$ 14951.70

ALLIED OIL & GAS SERVICES, LLC 064732

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092

SERVICE POINT: Ogley

DATE <u>5-12-15</u>	SEC. <u>7</u>	TWP. <u>5</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION <u>10:30am</u>	JOB START <u>1:00am</u>	JOB FINISH <u>1:30am</u>
LEASE <u>Jack Faber</u>		WELL# <u>1-7</u>	LOCATION <u>Levant 15 N TO Rd B 2 W</u>		COUNTY <u>Rawlins</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)			<u>TOR 10 3 N TO Rd E 2 1/2 W into</u>				

CONTRACTOR wfw 4 OWNER same

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 344' CEMENT AMOUNT ORDERED 350 sks com 3%cc

CASING SIZE 8 5/8 DEPTH 344'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 20.95 BBL

EQUIPMENT

PUMP TRUCK CEMENTER Andrew Fordlund Material Total @ 7350.00

431 HELPER Paul Bauer @ (3087.29/42%)

BULK TRUCK DRIVER Darren Racette

BULK TRUCK DRIVER

HANDLING 367.5 cu/ft @ 2.48 911.40

MILEAGE 2.75 ton/mile 1694 ton 2329.25

TOTAL

REMARKS:

Cement did circulate

Thankyou

CHARGE TO: Culbreth Oil + Gas

STREET

CITY STATE ZIP

To: Allied Oil & Gas Services, LLC. You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Walter Brown

SIGNATURE Walter Brown

SERVICE

DEPTH OF JOB 344'

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE 50 miles @ 7.70 385.00

MANIFOLD @

Light vehicle @ 4.40 220.00

(2250.32/42%) TOTAL 5,357.90

PLUG & FLOAT EQUIPMENT

@ @ @ @ @

TOTAL

SALES TAX (If Any)

TOTAL CHARGES 12,708.60

DISCOUNT 5,337.61 (42%) IF PAID IN 30 DAYS

7,370.98 Net