Kansas Corporation Commission 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 #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
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 #: Field Name: Producing Formation:				
New Well Re-Entry Workover					
□ Oil □ WSW □ SWD □ SIOW					
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Demois #	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	· ·				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R				
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

Confidentiality Requested:

Yes No

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 I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to	ng and shut-in pressu surface test, along w	ires, whe ith final c	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosto space is neede	atic pressures, ed.	bottom hole temp	erature, fluid recovery,	
Final Radioactivity Log, files must be submitted						gs must be em	alled to kcc-we	ii-iogs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				Log Formation (Top), De		ion (Top), Depth		Sample		
Samples Sent to Geolo	gical Survey	Y	es No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run		□ Ye	es No							
List All E. Logs Run:										
		Repo	CASING ort all strings set-c		Ne		tion, etc.			
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD)			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing Plug Back TD Plug Off Zone										
Plug Oil Zone										
Did you perform a hydraulic Does the volume of the total Was the hydraulic fracturin	al base fluid of the hydra	aulic fractu	uring treatment ex		-	Yes Yes Yes	No (If No	skip questions 2 ar skip question 3) fill out Page Three	,	
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 A	t:	Liner Run:	Yes	No		
Date of First, Resumed P	roduction, SWD or ENF	IR.	Producing Meth	od:	g \square	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er E	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION	N OF GAS:		N	IETHOD OF	COMPI F	TION:		PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease		Open Hole	Perf.	Dually	Comp. Co	ommingled			
(If vented, Subn			Other (Specify)		(Submit)	ACO-5) (Sui	bmit ACO-4)			

Summary of Changes

Lease Name and Number: Cuddles 1-18

API/Permit #: 15-135-25796-00-00

Doc ID: 1257572

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-135-25796-00-01	15-135-25796-00-00
Approved Date	08/28/2014	07/10/2015