KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes No

1258467

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 🔲 East 🗌 West					
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 #:					
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:					
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation: Kelly Bushing:					
Gas D&A ENHR SIGW						
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?					
Cathodic Other (Core, Expl., etc.):						
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)					
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls					
Dual Completion 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	QuarterSecTwpS. R East West					
Recompletion Date Recompletion Date	Countv: 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 N	Name: _			Well #:		
Sec Twp	S. R	East V	Vest	County	:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to	ng and shut-in pressur surface test, along wi	es, whether s th final chart(s	hut-in pres s). Attach	ssure reacl extra shee	ned stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, fluid recovery,	
Final Radioactivity Log, files must be submitted						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				Log Formation (Top), Depth and				Sample		
Samples Sent to Geolo	gical Survey	Yes	No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ Yes ☐	No No							
List All E. Logs Run:										
		Report all s	CASING I		Ne	w Used	ion, 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	
		ADI	DITIONAL	CEMENTIN	JG / SQL	JEEZE RECORD				
Purpose: Depth Type of Cement # S				Sacks Used Type and Percent Additives						
Perforate Top Bottom Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrauli Does the volume of the tota Was the hydraulic fracturin	al base fluid of the hydra	ulic fracturing tre			_	Yes [Yes [Yes [No (If No, sk	ip questions 2 ar ip question 3) 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 At	:	Liner Run:	Yes No			
Date of First, Resumed P	roduction, SWD or ENH		lucing Meth	od: Pumpin	g	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil Bb	ols.	Gas I	Mcf	Wate	er B	bls. (Gas-Oil Ratio	Gravity	
DISPOSITION	N OF GAS:		M	IETHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease	Open H	Hole	Perf.			mmingled			
(If vented, Subn	nit ACO-18.)	Other (Specify)		(Submit)	-100-5) (Sub	mit ACO-4) —			

Summary of Changes

Lease Name and Number: T BURKDOLL 26

API/Permit #: 15-059-22102-00-02

Doc ID: 1258467

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value		
Approved By	Deanna Garrison	NAOMI JAMES		
Approved Date	11/04/2013	07/17/2015		
CasingPurposeOfString PDF_2	Completion	Production		
ConvToENHR	No	Yes		
Fracturing Question 1		No		
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=13&t No		
RePerf	ation.cfm?section=13&t Yes			
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorEditDetail.cfm?docID=12		
TopsDatum1	66567	58467 NA		
TopsDepth1		NA		

Summary of changes for correction 1 continued

TopsName1 open hole NA