



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260330
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 # _____

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: _____



1260330

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	Griffin, Charles N.
Well Name	Gladys 2
Doc ID	1260330

Tops

Name	Top	Datum
Elgin Shale	3373	-1888
Heebner	3552	-2067
Brown Lime	3739	-2254
Stark	4130	-2645
Base KC	4219	-2734
Mississippian	4313	-2828
Kinderhook	4490	-3005
Viola	4602	-3117
Simpson	4685	-3200



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	CNG	Charles N Griffin	Job Number	K247
Contact		#2 Gladys	Representative	Jason McLemore
Well Name		DST #1 Lansing A 3737-3755	Well Operator	CNG
Unique Well ID		26-32s-12w-Barber	Prepared By	Jason McLemore
Surface Location		Wildcat	Qualified By	Bruce Reed
Field		Vertical	Test Unit	6
Well Type				

Test Information

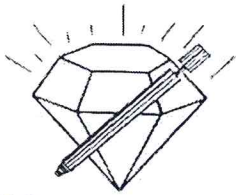
Test Type	Drill Stem Test	Well Operator	Representative	Jason McLemore
Formation	Lansing A	Report Date		CNG
Well Fluid Type	01 Oil	Prepared By		2015/08/01
Test Purpose (AEUB)	Initial Test			Jason McLemore

Start Test Date	2015/07/31	Start Test Time	19:35:00
Final Test Date	2015/08/01	Final Test Time	01:25:00

Test Results

RECOVERED:

3	Drilling Mud
3	TOTAL FLUID



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: 2gladysdst1

TIME ON: 7:35 PM
TIME OFF: 1:25 AM

Company CNG Lease & Well No. #2 Gladys
Contractor Maverick #106 Charge to CNG
Elevation GL 1475 Formation Lansing A Effective Pay _____ Ft. Ticket No. K247
Date 7-31-15 Sec. 26 Twp. 32 S Range 12 W County Barber State KANSAS
Test Approved By Bruce Reed Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 3737 ft. to 3755 ft. Total Depth 3755 ft.
Packer Depth 3732 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3737 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3725 ft. Recorder Number 5513 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3726 ft. Recorder Number 5588 Cap. 6000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 58 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.0 Water Loss 9.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 2500 P.P.M. Drill Pipe Length 3711 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 26 ft. Tool Size 3 1/2-IF in.
Did Well Flow? No Reversed Out No Anchor Length 18 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

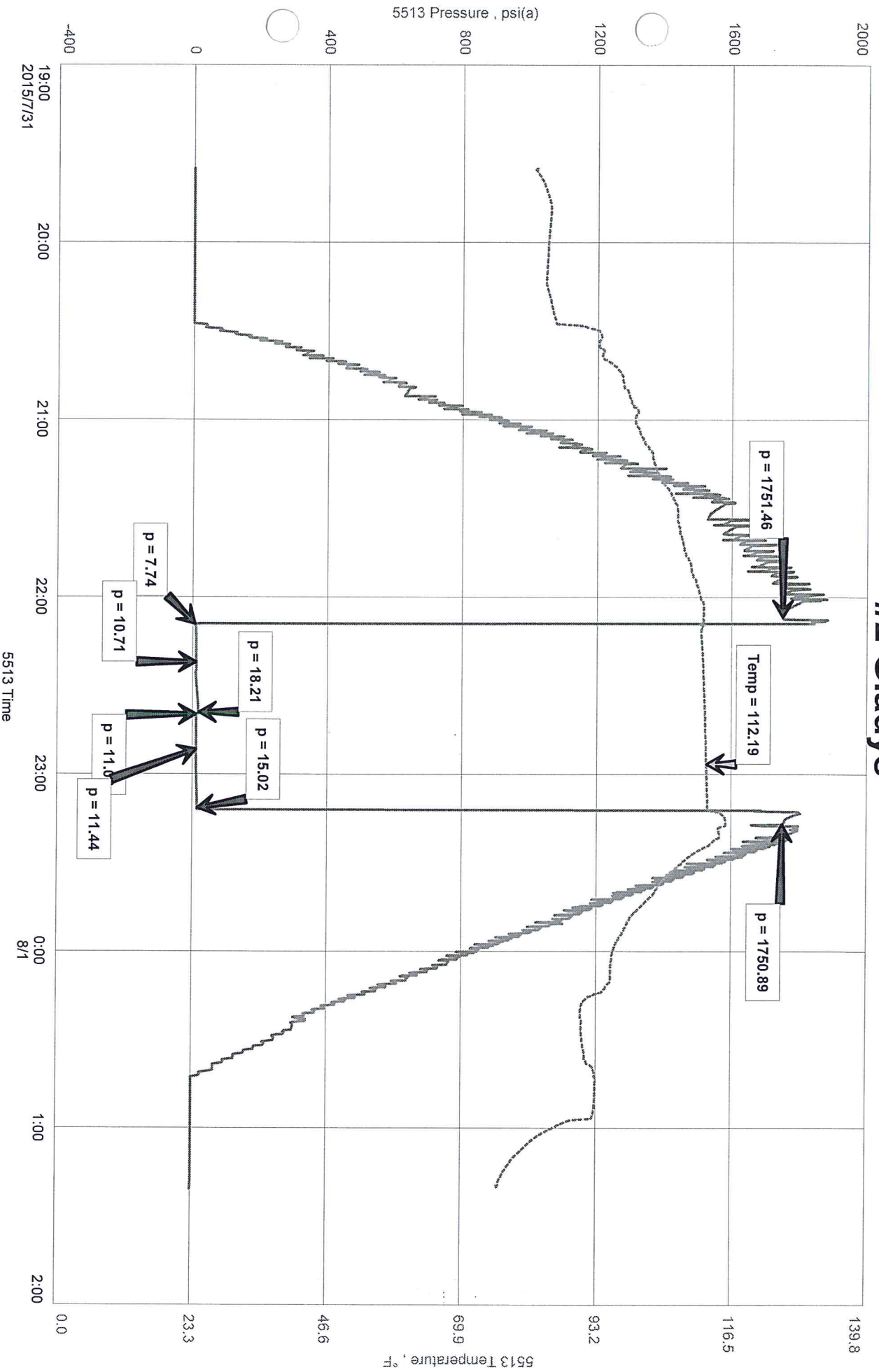
Blow: 1st Open: Weak Surface Blow, Died in 5 Min.
2nd Open: Dead,

Recovered <u>3</u> ft. of <u>Drilling Mud</u>	
Recovered <u>3</u> ft. of <u>TOTAL FLUID</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>Shale Packer On Top</u>	Insurance
	Total

Time Set Packer(s) 10:12 PM A.M. P.M. Time Started Off Bottom 11:12 PM A.M. P.M. Maximum Temperature 112
Initial Hydrostatic Pressure..... (A) 1751 P.S.I.
Initial Flow Period..... Minutes 15 (B) 8 P.S.I. to (C) 11 P.S.I.
Initial Closed In Period..... Minutes 15 (D) 18 P.S.I.
Final Flow Period..... Minutes 15 (E) 11 P.S.I. to (F) 11 P.S.I.
Final Closed In Period..... Minutes 15 (G) 15 P.S.I.
Final Hydrostatic Pressure..... (H) 1751 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

#2 Gladys



*Total Water Volume sources may include fresh water, produced water, and/or recycled water
 ** Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(j) and Appendix D.

Field Ticket Number: MLK1608030900 Field Ticket Date: Monday, August 03, 2015

Bill To: CHARLES N GRIFFIN #N/A #N/A	Job Name: 02 Production/Long String Well Location: BARBER, KANSAS Well Name: GLADYS Well Number: #2 Well Type: NEW WELL Rig Number: MAVERICK # #104 Shipping Point: Medicine Lodge, KS Sales Office: Mid Con
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PERSONEL	EQUIPMENT
JUSTIN BOWER	CEMENTERS PICK-UP 674
JAKE HEARD	PUMP TRUCK 892-555
BRIAN LANG	BULK TRUCK 993-1066

SERVICES - SERVICES - SERVICES							
Description	Qty	UOM	Unit Amt	Gross Amt	UNIT PRICE	Discount	Net Amount
PC5000	1.00	min. 4 hr	2,765.75	2765.75	1,438.19	48%	1,438.19
CMLP	1.00	per day	275.00	275.00	143.00	48%	143.00
PHDL	311.00	per cu. Ft.	2.48	771.28	1.29	48%	401.07
DRYG	67.00	ton-mile	2.75	184.25	1.43	48%	95.81
MILV	5.00	per mile	4.40	22.00	2.29	48%	11.44
MIHV	5.00	per mile	7.70	38.50	4.00	48%	20.02

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT							
AFFS-5.5	1.00	each	545.00	545.00	283.40	48%	283.40
CB-5.5	1.00	each	395.00	395.00	205.40	48%	205.40
CEN-5.5	3.00	each	57.00	171.00	29.64	48%	88.92
LBP - 5.5	1.00	each	660.00	660.00	343.20	48%	343.20

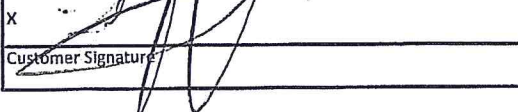
MATERIALS - MATERIALS - MATERIALS							
CW-HVS	12.00	bbf	25.00	300.00	13.00	48%	156.00
CW-MC	12.00	bbf	41.09	493.08	21.37	48%	256.40
CB-APA-40604	45.00	sack	18.92	851.40	9.84	48%	442.73
CB-ASA	200.00	sack	23.50	4,700.00	12.22	48%	2,444.00
CLC-KOL	1000.00	pound	0.98	980.00	0.51	48%	509.60
CFL-210	57.00	pound	18.90	1,077.30	9.83	48%	560.20
CDF-100P	28.00	pound	3.50	98.00	1.82	48%	50.96

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS							
Additional hours, in excess of set hours		per hour	440.00	0.00	228.80	48%	0.00

	Gross	Discount	Final
Services Total	4,056.78	1,947.25	2,109.53
Equipment Total	1,771.00	850.08	920.92
Materials Total	8,499.78	4,079.89	4,419.89
Additional Items	0.00	0.00	0.00
Final Total	14,327.56	6,877.23	7,450.33

Allied Rep: JUSTIN BOWER
 Customer Agent: JR GRIFFIN

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
 Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
 I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X
 Customer Signature: 

Field Ticket Total (USD):

\$7,450.33

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6366

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	072815	Sec.	26	Twp.	32s	Range	12w	County	Barber	State	KS	On Location	1130pm	Finish	100 Am	
Lease	Gladys	Well No.	2		Location # 2814160 +ct, 2s, 3/4 w s/nto											
Contractor	Maverick 106							Owner	Griffin							
Type Job	Surface							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	12 1/4		T.D. 270													
Csg.	8 5/8		Depth 264													
Tbg. Size								Charge To Griffin								
Tool								Street								
Cement Left in Csg.	20'		Depth													
Meas Line								City State								
	Shoe Joint N/A							The above was done to satisfaction and supervision of owner agent or contractor.								
	Displace 1 5/8 Bbls Fresh							Cement Amount Ordered 175sy class A + 2% gel +								
EQUIPMENT																
Pumptrk	8	No.	Mike B		3%acc + 1/4 # Flaseal											
Bulktrk	PO	No.	David B		Common 175											
Bulktrk		No.			Poz. Mix											
Pickup		No.	David F		Gel. 3											
								Calcium 6								
JOB SERVICES & REMARKS																
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal 43.75								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
Pipe on BHM, Baent Cicc, Pump Spacer								CFL-117 or CD110 CAF 38								
Mix 175sy cement, Start Disp. w/ Fresh H ₂ O, Washup truck, See Steady Increase in PST, Stop Pump at 15 1/2 Bbls total Disp., Shut in, Cement Did Line								Sand								
								Handling 184								
								Mileage 10								
FLOAT EQUIPMENT																
								Guide Shoe								
								Centralizer								
								Baskets								
								AFU Inserts								
								Float Shoe								
								Latch Down								
								LMV 10								
								Service Supervisor								
								Pumptrk Charge Surface								
								Mileage 20								
												Tax				
												Discount				
												Total Charge				
X Signature <u>David F. [Signature]</u>																