Confidentiality Requested: Yes No

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:			SecTwp S. R				
Address 2:			Feet from North / South Line of Section				
City: Sta	ate: Zi	p:+	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.xxxxxx) (e.gxxx.xxxxxx) Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:							
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-l	Entry	Workover	Field Name:				
			Producing Formation: Kelly Bushing:				
☐ Oil ☐ WSW	SWD	SIOW					
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set and Cemented at: Fee				
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fee				
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:w/sx cm				
Original Comp. Date:			·				
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Comming to d	Downsit #		Chloride content: ppm Fluid volume: bbls				
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of haid disposal in hadied offsite.				
☐ GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes				
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

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	West	County	:				
INSTRUCTIONS: Sho open and closed, flowi and flow rates if gas to	ng and shut-in pressu	res, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	atic pressures, bot		
Final Radioactivity Log files must be submitted						gs must be ema	ailed to kcc-well-lo	ogs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				L	_	on (Top), Depth a			
Samples Sent to Geolo	ogical Survey	Y	es 🗌 No		Nam	e		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
		Repo		RECORD	Ne	ew Used ermediate, product	ion, etc.		
Purpose of String	Size Hole Drilled		re Casing t (In O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTIN	NG / SQL	 EEZE RECORD			
Purpose: Depth Top Bottom		Type of Cement # Sacl			Used	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
Did you perform a hydraul	=			reed 250 00	0 aallana		= ' '	rip questions 2 ar	nd 3)
Does the volume of the to Was the hydraulic fracturing			-		-	?		ip question 3) I 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	t:	Liner Run:	Yes No		
Date of First, Resumed F	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		N	METHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease		Open Hole	Perf.	Dually		mmingled		
(If vented, Sub	mit ACO-18.)		Other (Specify)		,/				

Summary of Changes

Lease Name and Number: Justin Rolf 32

API/Permit #: 15-031-23409-00-00

Doc ID: 1262105

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value		
Approved By	Deanna Garrison	NAOMI JAMES		
Approved Date	03/05/2013	08/24/2015		
Fracturing Question 1		Yes		
Fracturing Question 2		No		
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=21&t1010-1025		
Perf_Depth_1	ation.cfm?section=21&t			
Perf_Material_1		Frac w/22 sx sand		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorE ditDetail.cfm?docID=12 62105 OIL		
Well Type	20275 EOR			