

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1262984

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:									
Address 2:			Feet from North / South Line of Section						
City:	State: Z	ip:+	Feet from East / West Line of Section						
Contact Person:			Footages Calculated from Nearest Outside Section Corner:						
Phone: ()			□ NE □ NW	V □SE □SW					
CONTRACTOR: License #			GPS Location: Lat:	, Long:					
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)				
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84					
Purchaser:			County:						
Designate Type of Completion:			Lease Name:	W	ell #:				
	e-Entry	Workover	Field Name:						
	_		Producing Formation:						
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:					
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:				
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet				
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No				
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet				
Operator:			If Alternate II completion, c	cement circulated from:					
Well Name:			feet depth to:	w/	sx cmt.				
Original Comp. Date:									
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Dlan					
☐ Plug Back	Conv. to G		(Data must be collected from to						
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	: bbls				
Dual Completion			Dewatering method used: _						
SWD			Location of fluid disposal if	f hauled offsite:					
☐ ENHR									
GSW	Permit #:		Operator Name:						
_ _			Lease Name:	License #:_					
Spud Date or Date R	eached TD	Completion Date or	QuarterSec	TwpS. R	East West				
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:							

Page Two



Operator Name:				Lease I	Name: _			Well #:			
Sec Twp	S. R	East	West	County	:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whet vith final c	ther shut-in pre hart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bod.	ottom hole temp	erature, fluid re	ecovery,	
Final Radioactivity Lo files must be submitte						gs must be ema	liled to kcc-well-	ogs@kcc.ks.go	v. Digital electi	ronic log	
Drill Stem Tests Taker (Attach Additional		Ye	es No			J	on (Top), Depth			Sample	
Samples Sent to Geological Survey					Nam	e		Тор	Datum	1	
			es No es No								
List All E. Logs Run:											
				RECORD	Ne						
	0: 11.1					ermediate, product		" 0 1	T 15		
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive		
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD					
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives			
Perforate Protect Casing	Top Detterm										
Plug Back TD Plug Off Zone											
1 lug 011 20110											
Did you perform a hydrau	ulic fracturing treatment of	on this well?	•			Yes	No (If No, s	kip questions 2 a	nd 3)		
Does the volume of the t			_		-		= ` `	kip question 3)			
Was the hydraulic fractur	ing treatment information	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, f	ill out Page Three	of the ACO-1)		
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Ceme			Depth	
				(Amount and Nind of Material Osed)							
TUBING RECORD:	Size:	Set At:		Packer A		Liner Run:					
		0017111				[Yes N	0			
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gra	avity	
DIODOCITI	01.05.040			4ETUOD 05	001451	TION		DDODUCT	ONLINITED (A)		
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF ☐ Perf.			nmingled	PRODUCTION	ON INTERVAL:		
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)				

Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	PETTYJOHN 3
Doc ID	1262984

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3138-3142	750 gal. 20% NEFE Gel Acid, 50 bbls SW flush	3080-3394
4	3158-3161		
4	3195-3199		
4	3212-3215		
4	3310-3313		
4	3324-3328		
4	3349-3352		

4	W		T
3	A	10	
Se	rvic	es.	Inc.

CHARGE TO	No.	
ADDRESS		
CITY, STATE, ZIP CODE	The second of the	

TICKET 27038

Seri	rices,	Inc.	7 4 6	Y, STATE, ZIP CO	ODE								PAC	3E 1	OF	
SERVICE LOCATIONS 1.		WELL/PROJECT N			ty John	COUNTY/PAI	RISH COR.	STATE	CITY				7-17-15	** CANAL TO A SALES	WNER	
2. TICKET TYPE CONTRACTOR SERVICE SALES WELL TYPE WE						VIA/7	DELIVERED TO Local WELL PERMIT NO.				ORDER NO. WELL LOCATION					
4. REFERRAL LOCATION		INVOICE INSTRUC	TIONS	l no	Kom C	. 49	1	(5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
PRICE REFERENCE		RY REFERENCE/ NUMBER		ACCT DF		DESCRIPT	ION		QTY.	LUM	QTY.	Luw	UNIT PRICE		AMOUNT	T
575		T.	1		MILEAGE 11/1	arthu.	5.45		40	1,4,1		1	5	=	200	12x
573			1	- 1 E	Pump Some				1	coe			12.0		1900	صدا
290			1		O ALC	M Rich			3	71			42	00	84	1W
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		* 400										<u> </u>		100		
					<u>andre A. Paulatur</u> Shar jo telijah ser					1		l I				1
531			1		Struce Char	je			250	1343			7	15	39	122
583			1		Drogrige					17.				15	372	152
330			1		SMO Cent	7	3-10 A		250	H			15	25	3,930	-
LEGAL TERMS: (the terms and cond	itions on the re	verse side here	of which in	nclude,	REMIT PAY	MENT	TO:	SUR OUR EQUIPMENT WITHOUT BREAK	PERFORMED	AGR	EE DECIDE	DIS- D AGRE	PAGE TOTA	AL	6,533	0
but are not limited LIMITED WARRA	NTY provision	i, KELEASE, II is.	NDEMNII	Y, and	CWIET CEDI	/ICEC	INIC	MET YOUR NEEDS OUR SERVICE WA	37							1
HUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO TART OF WORK OR DELIVERY OF GOODS			P.O. BOX 466 NESS CITY, KS 67560			PERFORMED WITH WE OPERATED TH AND PERFORMED CALCULATIONS SATISFACTORILY	HOUT DELAY? HE EQUIPMENT JOB				TAX			i I		
ATE SIGNED \	TU	ME SIGNED		1 A.M. 1 P.M.	785-798	3-2300			OMER DID NO	T WISH TO	NO RESPOND		TOTAL			
WIFT OPERATOR	8 -	CUSTOME	R ACCEPT	ANCE OF MAT	TERIALS AND SERVICES	The customer	r hereby ackr	owledges receipt of th	o materials a	nd service	s listed on th	his ticket.			Thank O	Voul

SWIFT Services, Inc. JOB LOG CUSTOMER WELL NO. JOB TYPE TICKET NO. 220 32 CHART NO. PUMPS T C RATE (BPM) VOLUME (BBL) (GAL) TIME PRESSURE (PSI) DESCRIPTION OF OPERATION AND MATERIALS TUBING CASING 100 10:30 7 132 v 1 8 1 4 . 1

Kansas Acid Inc.

KANSAS ACID REPRESENTATIVE

SERVICE NUMBER

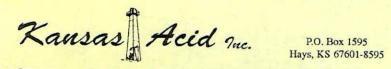
P.O. Box 1595 Hays, KS 67601-8595

Office Fax

CUSTOMER OR HIS AGENT'S SIGNATURE

785-625-5599 785-625-5777 21825

DATE 8-19-15		Customer's Ord	er No. 1). L.C.
WELL NAME AND NUMBER Patto isha # 3	LOCATION	ouddonier a Old	er No. 1/40m
FIELD	FORMATION ,		
COUNTY-STATE O COUNTY-STATE	- LKC		
TYPE OF SERVICE			1
CUST. TEEK AFC LLC			
ADDRESSCITY STATE & ZIP CODE			
As consideration, the above-named Customer agrees to pay Kansas Acid, Inc. in accord with the rates a Customer's default in payment of Customer's account by the last day of the month in which the invoice is a to exceed 18% per annum. In the event it becomes necessary to employ an attorney to enforce collection of the unpaid account. These terms and conditions shall be governed by the law of the state where sen	aloo, Customer agrees to pay interest the	ereon after default at the highest I	ible NET 30 after date of invoice. Upon awful contract rate applicable, but never ees in the amount of 20% of the amount
Kansas Acid, Inc. warrants only title to the products, supplies and materials and that the same are fir MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND Customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of the replacement of such products, supplies or materials on their return to Kansas Acid, Inc. or, at Kansas Acid, Inc. be liable for special, indirect, punitive or consequential damages.	ee from defects in workmanship and ma BEYOND THOSE STATED IN THE IMI	terials. THERE ARE NO WARR	ENCE. Kansas Acid, Inc. liability and
REF. NO. DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
5828 204. HCL Acio	750		Ameeri
76 Inhibitor	7		
1046 NE	1-1		
1201 A09-202	7		
9313 Truck mils	20m;		
9647 Pumo Truck	1		
POWER TAX			
SALES TAX			
Material Reimbürsement			u.
TOTAL CHARGE	Discont	S Price	2243.21
The above was received and the job was under the direction, supervision, and control of the owner, oper	ator or his agent whose signature appear	rs below:	
TRUCK NUMBER: 0 0 / 3		FACTORILY COMPLETE	
DRIVER Joff Pommerahn		PMENT WAS SATISFAC PERSONNEL WAS SATIS	
Land The Land	lar	12 mg	



Office

785-625-5599 785-625-5777

TREATING REPORT

WELL HAME AND MINISTER		v sendirence		11					
WELL NAME AND NUMBER		LOCATIO	ON	DATE S	19-	12	SERVICE NUI		
Yelle John t	13			0 -	17	15	21,	125	
FIELD		FORMAT	TION	TUBING	DONE DOV	ANNULUS	ALLOW	ANCE PRESSU	JRE
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COUNTY		STATE	TOTAL				OF WELL	1000.	
Val		V.		OIL	GAS			SWD.	INJ.
TYPE OR SERVICE			5.	DY.)		
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				CASING SIZE	CASIN	IG DEPTH	TUBING SIZ	E TUBING	DEPTH
CUST.	-1 0						23/8	330	
NAME / F	KK AFC	LL	LC.	OPEN HOLE	CSG OF	R ANRL. VOL.	TGB VOLUM	E TOTAL	
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ADDRESS									
				Carlo de Carlos	NO. OF		D INTERVALS		
CITY,				DEPTH	HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
STATE & ZIP CODE			1				MOLLS		HOLLS
211 0002				3/3	87	: 33	42		
REMARKS:					1	- C			-
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INJECTION	PRESSUR	E		Ц					1
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CUSTOMER REPRESENTATIV	VE.		S ACID REPRESENTATIVE						
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