

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1264580

Form ACO-1
November 2016
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.: |
|--|--|
| Name: | Spot Description: |
| Address 1: | SecTwpS. R 🔲 East 🗌 West |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip:+ | 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.xxxxx) |
| Wellsite Geologist: | Datum: NAD27 NAD83 WGS84 |
| Purchaser: | County: |
| Designate Type of Completion: | Lease Name: Well #: |
| New Well Re-Entry Workover | Field Name: |
| | Producing Formation: |
| Gas DH EOR | Elevation: Ground: Kelly Bushing: |
| | 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 EOR ☐ Conv. to SWD | Drilling Fluid Management Plan |
| ☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer | (Data must be collected from the Reserve Pit) |
| Down's I | Chloride content: ppm Fluid volume: bbls |
| ☐ Commingled Permit #: | Dewatering method used: |
| SWD Permit #: | Location of fluid disposal if hauled offsite: |
| EOR Permit #: | Location of fluid disposal if fladied offsite. |
| GSW Permit #: | Operator Name: |
| | Lease Name: License #: |
| Spud Date or Date Reached TD Completion Date or | Quarter Sec 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 Drill Stem Tests Received | | | | | |
| Geologist Report / Mud Logs Received | | | | | |
| UIC Distribution | | | | | |
| ALT I II Approved by: Date: | | | | | |

Page Two



| Operator Name: | | | | Lease Name | e: | | | _ Well #: | |
|--|-------------------------------|--|---------------------------------------|--------------------------------------|---------------------|----------------------------------|---|--------------------------------------|---|
| Sec Twp | S. R. | Eas | t West | County: | | | | | |
| and flow rates if gas | wing and shu to surface te | t-in pressures, wh st, along with final | ether shut-in pre chart(s). Attach | essure reached s extra sheet if m | static I nore sp | evel, hydrosta bace is needed | tic pressures, bot d. | tom hole tempe | val tested, time tool rature, fluid recovery, Digital electronic log |
| files must be submit | | | | | | | | 0 | 3 |
| Drill Stem Tests Take | | | Yes No | | _ Log | g Formatic | on (Top), Depth a | | Sample |
| Samples Sent to Ge | ological Surv | ey | Yes No | N | Name | | | Тор | Datum |
| Cores Taken Electric Log Run Geolgist Report / Mu List All E. Logs Run: | _ | | Yes No Yes No Yes No | | | | | | |
| | | | | | | | | | |
| | | Rep | CASING port all strings set-c | RECORD | New , intern | Used | on, etc. | | |
| Purpose of String | | | ize Casing et (In O.D.) | Weight Lbs. / Ft. | | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | 5.1 | | ot (III 0.5.) | 200.711. | | Борит | Comont | 0000 | / Iddilivos |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | ADDITIONAL | CEMENTING / | SQUE | EZE RECORD | | | |
| Purpose: Perforate | | epth Typ Bottom | e of Cement | # Sacks Used | d | | Type and F | Percent Additives | |
| Protect Casing | 9 | | | | | | | | |
| Plug Off Zone | | | | | | | | | |
| . 5:1 | | | | | | | | | (0) |
| Did you perform a h Does the volume of | - | - | | t exceed 350,000 | gallons | Yes Yes | | ip questions 2 an ip question 3) | d 3) |
| 3. Was the hydraulic fra | | - | = | | _ | Yes | = ' | out Page Three | of the ACO-1) |
| Date of first Production | n/Injection or Re | esumed Production/ | Producing Meth | nod: | | | | | |
| Injection: | | | Flowing | Pumping | Ga | as Lift C | other (Explain) | | |
| Estimated Production Per 24 Hours | 1 | Oil Bbls. | Gas | Mcf | Water | BI | bls. (| Gas-Oil Ratio | Gravity |
| DISPOSIT | TION OF GAS: | | N | METHOD OF COM | //PLETI | ON: | | | N INTERVAL: Bottom |
| Vented So | | on Lease | Open Hole | | ually C | | nmingled mit ACO-4) | Тор | Bottom |
| (If vented, S | Submit ACO-18.) | | | | 30111111711 | (Gubi | TIIL 700 4) | | |
| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | | Acid, | Fracture, Shot, Cer (Amount and Kind | menting Squeeze of Material Used) | Record |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TUBING RECORD: | Size: | Set At | | Packer At: | | | | | |
| | J.20. | OU! AI | - | . 20.0171 | | | | | |

| Form | ACO1 - Well Completion | | | |
|-----------|----------------------------------|--|--|--|
| Operator | Northern Lights Oil Company, LLC | | | |
| Well Name | KEENAN 1 | | | |
| Doc ID | 1264580 | | | |

Casing

| Purpose Of String | Size Casing Set | Weight | Type Of Cement | Type and Percent Additives |
|----------------------|-----------------------|--------|-------------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |