Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1265983

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:					
Address 2:	Feet from Dorth / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)				
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?				
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)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
Dual Completion Permit #: SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:					
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 III Approved by: Date:					

	Page Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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).

			les 🗌 No		L	og Forr	nation (Top), Dep	oth and Datum	Sample		
(Attach Addin Samples Sent to	tional Sheets) Geological S	Survev	□ Y	/es 🗌 No		Nam	е		Тор	Datum	
Cores Taken Electric Log Rur Geolgist Report List All E. Logs F	n / Mud Logs		Y	/es No /es No /es No							
				CASING	G RECORD	Ne	w Used				
			-	ort all strings set	-conductor, su	rface, inte	ermediate, pro	duction, etc.			
Purpose of S	tring	Size Hole Drilled		ze Casing et (In O.D.)	Weig Lbs./		Setting Depth	Type o Cemer		Type and Percent Additives	
				ADDITIONA	L CEMENTIN	IG / SQL	IEEZE RECO	DRD			
Purpose: Perforate	-	Depth Top Bottom	Type of Cement		# Sacks	# Sacks Used		Type and Percent Additives			
Protect Ca	asing										
Plug Off Z											
 Did you perform Does the volum Was the hydrau 	e of the total ba	ase fluid of the	hydraulic fr	racturing treatme		-	ns? Yes	s No (If I	No, skip questions 2 a No, skip question 3) No, fill out Page Three		
Date of first Produ Injection:	iction/Injection	or Resumed Pr	oduction/	Producing Me	thod:	9	Gas Lift	Other (Explain)			
Estimated Produce Per 24 Hours		Oil	Bbls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:											
Vented Sold Used on Lease Open Hole Perf.						Comp.	Commingled	Тор	Bottom		
(If vent	ed, Submit ACO	-18.)				(Submi	ACO-5)	(Submit ACO-4)			
Shots Per Perforation Perforation Bridge Plug Bridge Plug Foot Top Bottom Type Set At						g Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)					
	100	2511		.,,,,,	501711			, mount di		~,	

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	Falcon Exploration, Inc.
Well Name	GILES RANCH 3-3
Doc ID	1265983

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	17.5	13.375	54	266	CLASS A	300	2% GEL, 3% CC
Intermedia te	12.25	8.625	24	692	CLASS A	375	2% GEL, 3% CC
Production	12.25	5.5	15.5	5455	AA2	200	0