

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1266788  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1266788

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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# MBC WELL LOGGING LLC

Scale 1:240 (5"=100') Imperial  
Measured Depth Log

Well Name: MEYERS 2-2 OWWO OOLITE ENERGY CORP  
 Location: MEADE COUNTY, KANSAS USA  
 License Number: 34242  
 Spud Date: 6-29-2015  
 Surface Coordinates: 660'fsl- 1980'fwi-SEC 2-T34S-R29W API 15-119-20105-00-01  
 Bottom Hole Coordinates: HLS-DIL/SP/GR CNL/CAL/PE/BHV SONIC SFC- GR TO SFC'  
 Ground Elevation (ft): 2486 K.B. Elevation (ft):  
 Logged Interval (ft): 5900 To: 6276 Total Depth (ft): Elog  
 Formation: WASHDOWN DRILL ST GEN, PLUG & ABANDON  
 Type of Drilling Fluid: CHEM/LSLDS WINTERS MUD

Region: MOHLER

Drilling Completed: 7-02-2015

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com





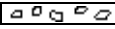
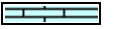








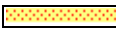
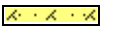








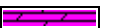





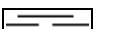


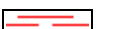



## OPERATOR

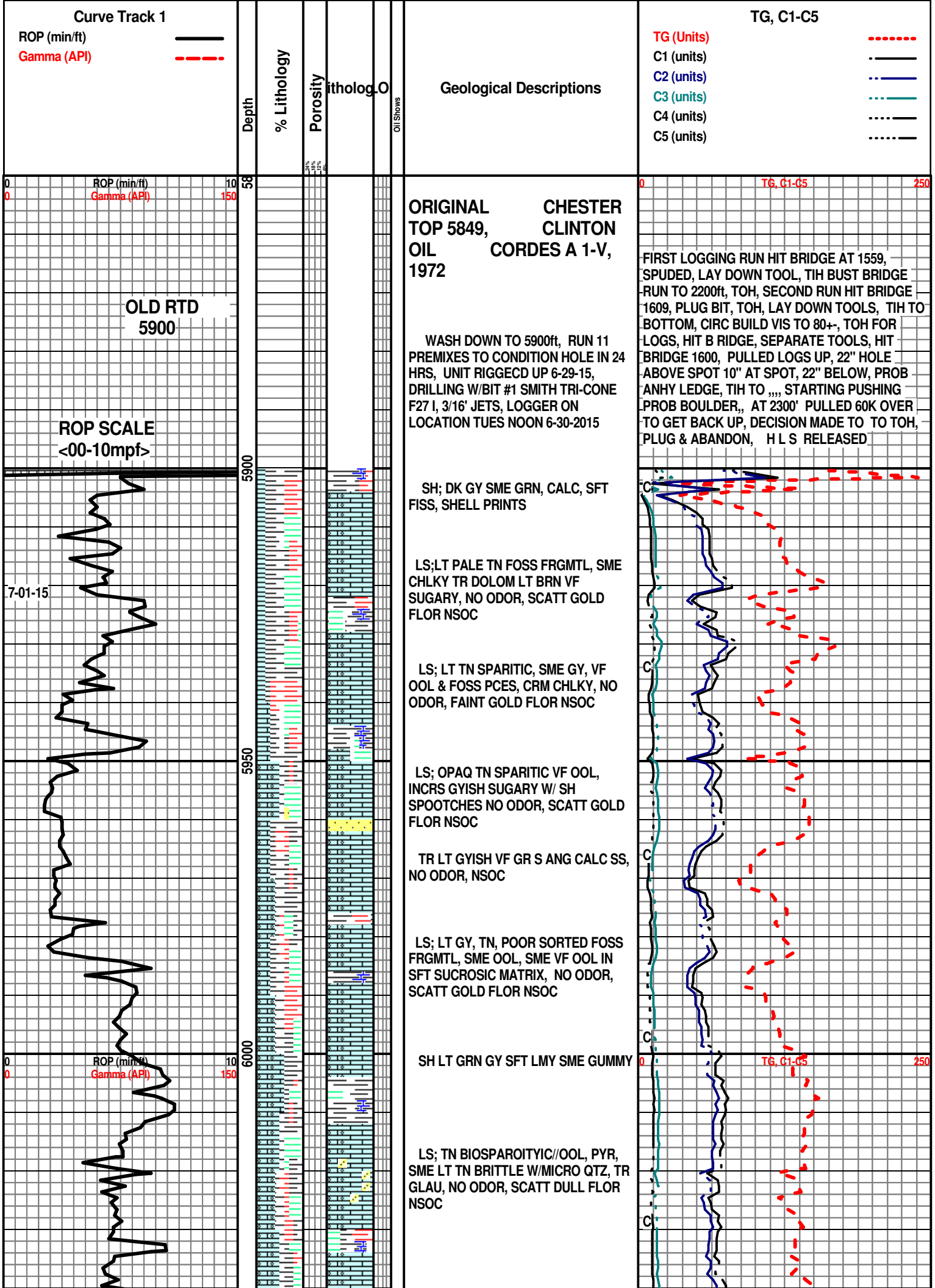
Company: OOLITE ENERGY CORP  
 Address: ED HESHER %GEOLOGY  
 PO BOX 9398  
 AMARILLO, TEXAS 79105

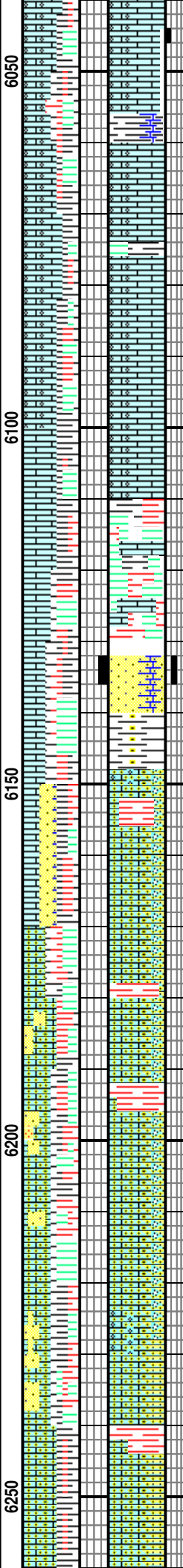
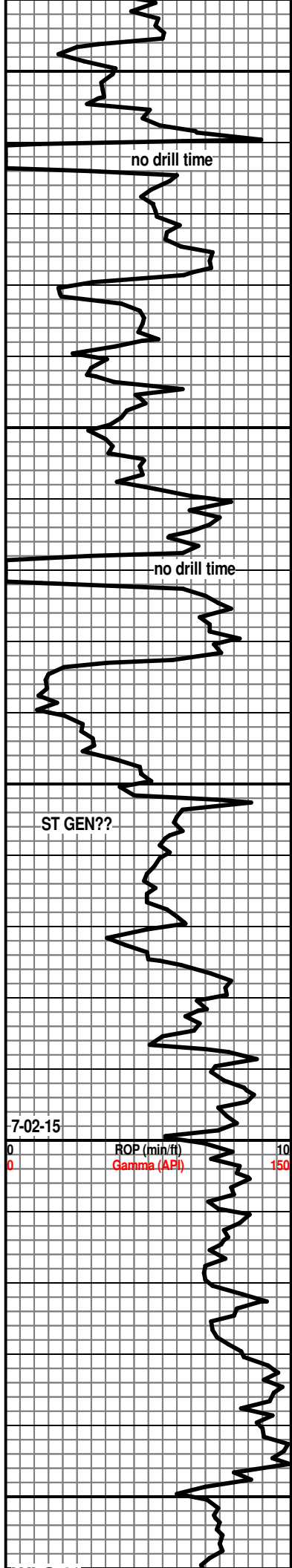
## MUDLOGGER

Name: AUSTIN GARNER  
 Company: MBC WELL LOGGING LLC  
 Address: 21156 RD 22  
 MEADE, KANSAS 67864

## ROCK TYPES

	Anhy		Stgensndy-arkos		Sltst-1		Sndy ool ls
	Brec		New ls-1		Sltst-shale		Sndy-ls-1
	Cht		Carby shale		Lmy ss-1		Calc shale
	Coal		Lmy carby sh-3		Arkosic snd		Granitewash
	Congl		Carb sh		Ss		Ls shly-b
	Dolo new		Gyp		Grn sh strk		Poor sortd ss
	New dolomite		Sltst		Lmy sh-2		Snd-ls-sh
	Newdolo ls 2		Salt		Shale-1		
	Ls & ooids		Sndy sh--red		Red sh-1		
	Oolitic ls -1		Sndy sh		Stgensndy-arkos		





LS; LT GYISH BIOSPARITIC/VF OOL IP, INCRS POOR-SORTED CRINOIDAL, SME OOL, DK GY DULL OVAL SH NOD, NO ODOR, GOLD MIN FLOR NSOC

LS; GYISH HD DNS TR CHOROITIC, FOSS TO LT CRM-TN WEATHD APPR F & MED OOL, SME WH VF SFT SUCROSIC, NO ODOR, SCATT GOLD FLOR NSOC

LS; LT GYISH TN P/SRTD SPAR CMTD MIS-MASH, CHOR, GLAU, TR VF CLR XTL MATRIX CRS OOL & FOSS, CRM CHLK, PALE YEL FLOR NO ODOR, NSOC

LS; LT BUFF, SPAR CMTED F & UPR FINE OOL, & CRIN, COMNGLD GRN SH, VF CLR BRECCA EDGES, NO ODOR, WEAK GOLD MIN FLOR NSOC

VARI SPLITCHED SHALES TR SLICKENSID3E

SS; CLR OFF WH, CALC TO LMY CMT, VF GR, TR "GLAZED FLAT ANG F QTZ, NO ODOR, PP DK BRNTO BLK STNG, FLASH MILKY STRM CUT

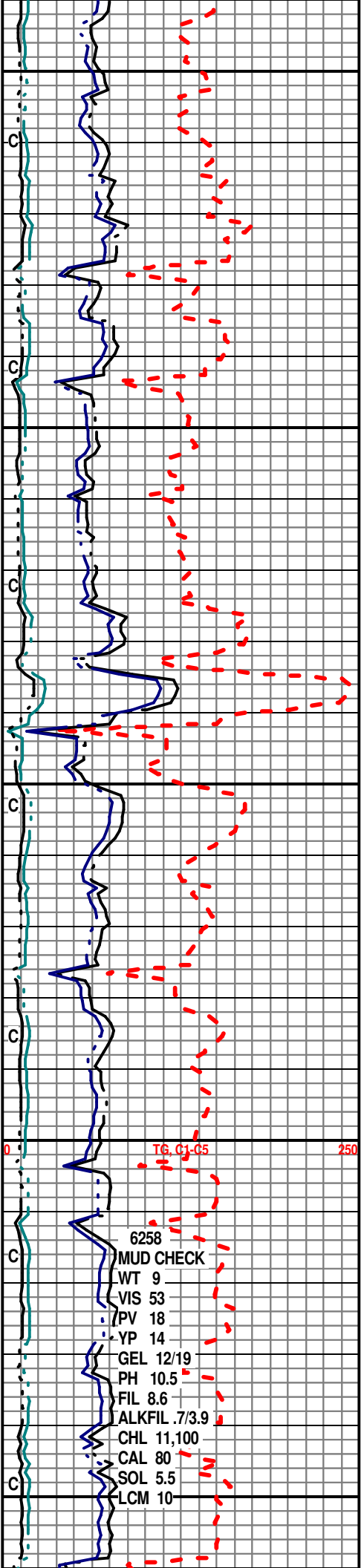
LS; F OFF WH BRN SPKLD VF AREN, SME COATED GRNS, NO ODOR, WEAK GOLD FLOR, SLO FLASH MILKY CUT

BURNT BRN SLI YEL TINT SH

LS; GY HD VF AREN SME CHLKY

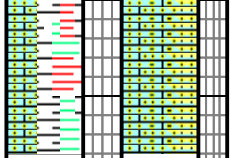
LS; OFF WH GYISH HDS DNS VF AREN, & SCATT OOL, BLK ASPHT STNG, NO ODOR, TR RING CUT

LS; OPAQ, SPARITIC, AREN & VF OOL, NO ODOR, MIN FLOR NSOC

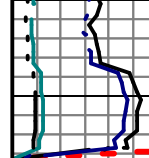


WLS 3\*

RTD 6275



THANKS FOR USING  
MBC WELL LOGGING  
AUSTIN & MARLA GARNER



200u SHORT TRIP  
GAS

