

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1266789
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

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: _____

1266789

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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

MBC WELL LOGGING LLC

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

Well Name: MEYERS 1-2 2-T34s R29w MEADSE, OOLITE ENERGY CORP
 Location: MEADE COUNTY, KANSAS USA
 License Number: 34242
 Spud Date: 7-6-15
 Surface Coordinates: 983'fsl- 733'fwi-SEC 16-T30S-R32W
 Bottom Hole Coordinates: HLS-DIL/SP/GR CNL/CAL/PE/BHV SONIC SFC- GR TO SFC'
 Ground Elevation (ft): 2464 K.B. Elevation (ft): 2473
 Logged Interval (ft): 5971 To: 6345 Total Depth (ft): Elog
 Formation: ST LOUIS
 Type of Drilling Fluid: WINTER MUD CO KRIS McCUNE (580) 651-4908
 Region: MOHLER EAST
 Drilling Completed: 7-10-15

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


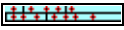


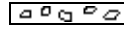

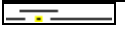

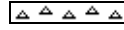






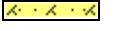

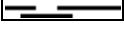
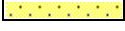












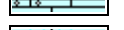





OPERATOR

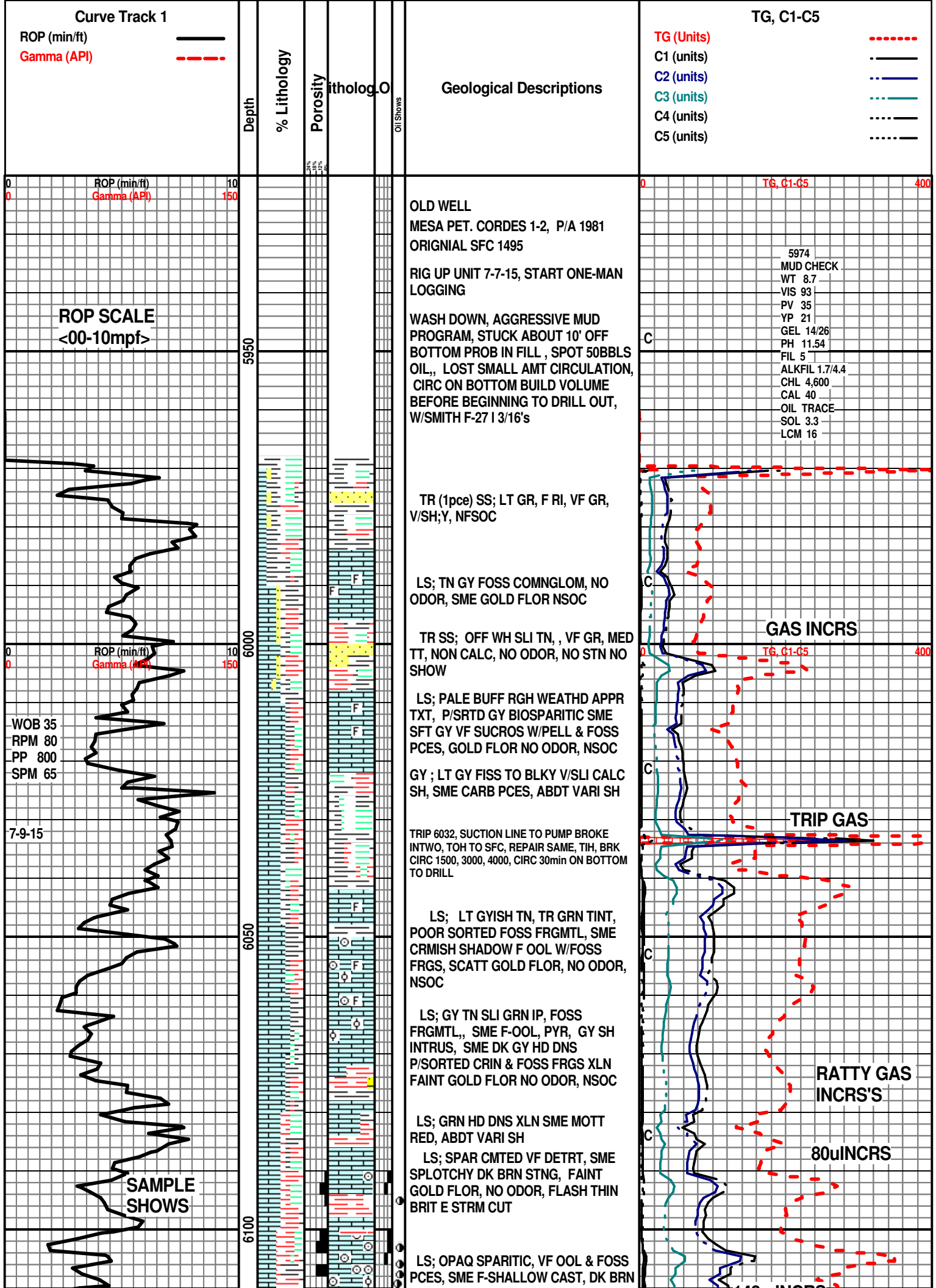
Company: OOLITE ENERGY CORP
 Address: PO BOX 9398
 AMARILLO, TEXAS 79105

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		Slt-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		



Curve Track 1

ROP (min/ft) ———
 Gamma (API) - - - -

TG, C1-C5

TG (Units) - - - - -
 C1 (units) ———
 C2 (units) - - - -
 C3 (units) - - - -
 C4 (units) - - - -
 C5 (units) - - - -

Depth
 % Lithology
 Porosity
 Litholog-O
 Oil Shows

Geological Descriptions

ROP SCALE
 <00-10mpf>

WOB 35
 RPM 80
 PP 800
 SPM 65

7-9-15

SAMPLE SHOWS

OLD WELL
 MESA PET. CORDES 1-2, P/A 1981
 ORIGINAL SFC 1495
 RIG UP UNIT 7-7-15, START ONE-MAN LOGGING
 WASH DOWN, AGGRESSIVE MUD PROGRAM, STUCK ABOUT 10' OFF BOTTOM PROB IN FILL, SPOT 50BBLs OIL,, LOST SMALL AMT CIRCULATION, CIRC ON BOTTOM BUILD VOLUME BEFORE BEGINNING TO DRILL OUT, W/SMITH F-27 1 3/16's

TR (1pce) SS; LT GR, F RI, VF GR, V/SH;Y, NFSOC

LS; TN GY FOSS COMNGLOM, NO ODOR, SME GOLD FLOR NSOC

TR SS; OFF WH SLI TN, , VF GR, MED TT, NON CALC, NO ODOR, NO STN NO SHOW

LS; PALE BUFF RGH WEATHD APPR TXT, P/SRTD GY BIOSPARITIC SME SFT GY VF SUCROS W/PELL & FOSS PCES, GOLD FLOR NO ODOR, NSOC

GY ; LT GY FISS TO BLKY V/SLI CALC SH, SME CARB PCES, ABDT VARI SH

TRIP 6032, SUCTION LINE TO PUMP BROKE INTWQ, TOH TO SFC, REPAIR SAME, TIH, BRK CIRC 1500, 3000, 4000, CIRC 30min ON BOTTOM TO DRILL

LS; LT GYISH TN, TR GRN TINT, POOR SORTED FOSS FRGRTL, SME CRMISH SHADOW F OOL W/FOSS FRGS, SCATT GOLD FLOR, NO ODOR, NSOC

LS; GY TN SLI GRN IP, FOSS FRGRTL,, SME F-OOL, PYR, GY SH INTRUS, SME DK GY HD DNS P/SORTED CRIN & FOSS FRGS XLN FAINT GOLD FLOR NO ODOR, NSOC

LS; GRN HD DNS XLN SME MOTT RED, ABDT VARI SH

LS; SPAR CMTEG VF DETRT, SME SPLOTCHY DK BRN STNG, FAINT GOLD FLOR, NO ODOR, FLASH THIN BRIT E STRM CUT

LS; OPAQ SPARITIC, VF OOL & FOSS PCES, SME F-SHALLOW CAST, DK BRN

TG, C1-C5 400

5974
 MUD CHECK
 WT 8.7
 VIS 93
 PV 35
 YP 21
 GEL 14/26
 PH 11.54
 FIL 5
 ALKFIL 1.7/4.4
 CHL 4,600
 CAL 40
 OIL TRACE
 SOL 3.3
 LCM 16

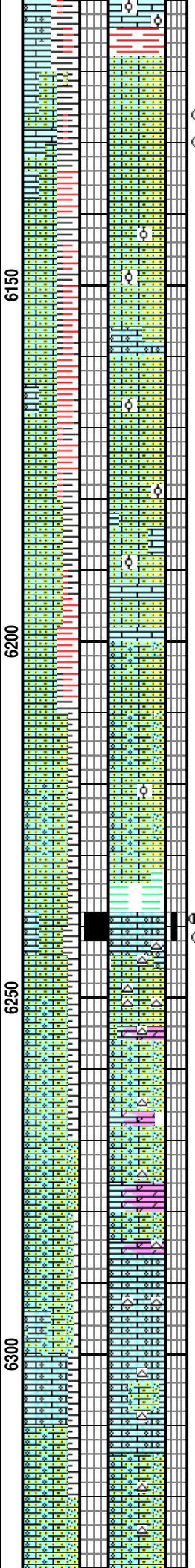
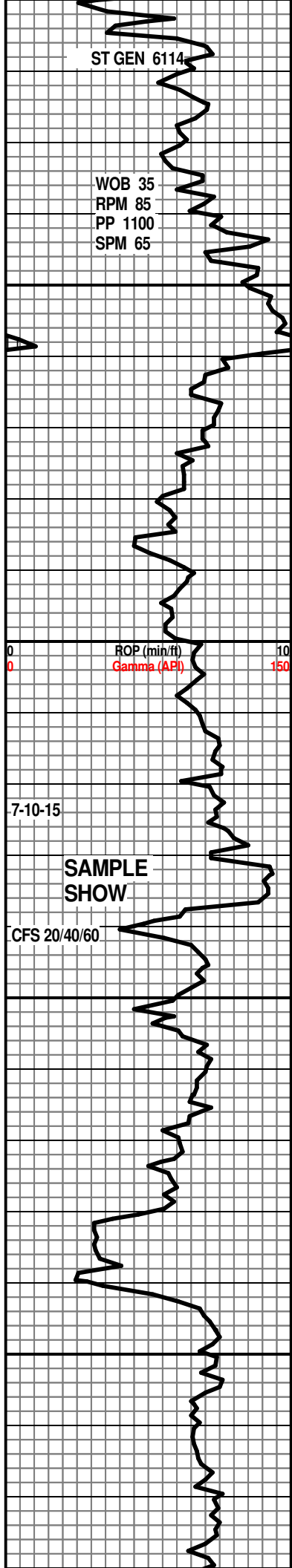
GAS INCRS

TG, C1-C5 400

TRIP GAS

RATTY GAS INCRS'S

80uINCRS



TO OVER-ALL STNG, NO ODOR, DULL GOLD FLOR, FLASH MILKY INCRS TO STRM CUT

LS OFF WH CHLKY VF AREN W/ DK BRN TO BLK PP STNG, SME LS W/ VF BLKPELL & BLK OUTLINED PELL, NO ODOR, FAINT GOLD FLOR, FASH MILKY CUT, TITE ST GEN ROCK

LS OFF WH VF AREN W/ BRNSTNG & PP STNG, NO ODOR, WEAK GOLD FLOR SLOW MILKY CUT NO POROSITY

LS; WH OFF WH AREN BRN STNG, FAINT GOLD FLOR SLO MILKY CUT NO POROSITY

LS; GY WH SPARITIC VF OOL, HD DNS, SME HD DNS GY-SLI-GRN XLN, SHLY PRED AREN AAB

VF AREN OCCCOMNGLD VF OIDS, TR CHOR,

GRNISH LMY HD SH

LS; TR OFF WH SLI GY SPAR CMTED F OOL, TO CRMISH WH CHLKY F OOL, TR RGH TRIPOLITIC OOL-CHT, DK BRN INTR OIDS STNG, FLASH "MED" MILKY CUT BECOMNG STRM, NO ODOR, FAINT GOLD FLOR

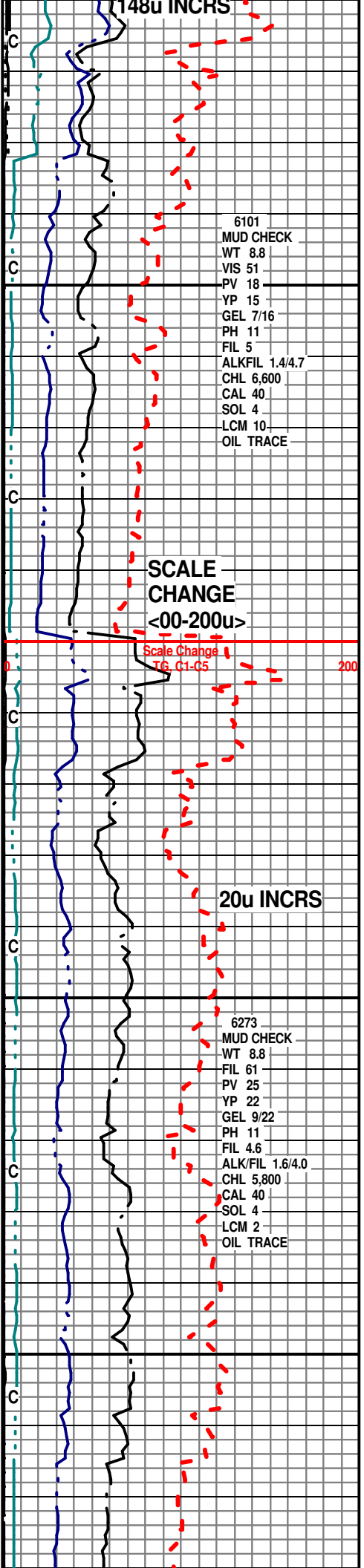
LS LT GYISH OPAQ SME CRM SPARITIC AREN & VF OOL, ABDT OPAQ VIT CONCORD CHT W/SPICULES WEAK GOLD MIN FLOR NO OODOR, NSOC

TR LT GY HD DNS DOLO

LS; LT CRM WH WEATHD APPR SLI CHLKY P/SORTED OOL, THIN RIM COAT, CRM WH CHLK, TR CHOR, WEAK DK GOLD MIN FLOR NSOC NO ODOR

LS; DK VRM CHLKY OOL, TO GY TN HD DNS SPAR CMTED AREN SME OOL, TR CHOR, ABVDT CHT MFNSOC

DK CRM TN VF F OOL, ABDT DK BRN



6101
MUD CHECK
WT 8.8
VIS 51
PV 18
YP 15
GEL 7/16
PH 11
FIL 5
ALKFIL 1.4/4.7
CHL 6,600
CAL 40
SOL 4
LCM 10
OIL TRACE

SCALE CHANGE
<00-200u>

Scale Change
TG C1-C5

20u INCRS

6273
MUD CHECK
WT 8.8
FIL 61
PV 25
YP 22
GEL 9/22
PH 11
FIL 4.6
ALK/FIL 1.6/4.0
CHL 5,800
CAL 40
SOL 4
LCM 2
OIL TRACE

RTD 6345

50

D.O.S. SILIC AREN SCATT FAINT GOLD
FLOR, NO ODOR, NO CUT

THANKS FOR USING
MBC WELL LOGGING

C

20u SHORT
TRIP GAS