Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1267113

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

WELL HISTO	DRY - DES	<b>CRIPTION</b>	<b>OF WELL</b>	& LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	Sec TwpS. R East 🗌 West
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.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:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	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:
Vell Name:	
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. t	
Plug Back Liner Conv. to GSW Conv. t	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:     SWD Permit #:	
SWD         Permit #:           EOR         Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date	Quarter Sec TwpS. R East West
Recompletion Date RecompletiDate Recompletion Date Recompletion Date Recompletion Da	

## 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:						

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Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INSTRUCTIONS: Show important tops of formations penetrated	Detail all cores Benort all fina	I conies of drill stems tests giving interval tested, time tool

**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 Yes No (Attach Additional Sheets)				Log Formation (Top), Depth and Datum Sa			Sample			
Samples Sent to	Geological Su	urvey	□ Y	és 🗌 No		Nam	e		Тор	Datum
Cores Taken Electric Log Run Geolgist Report /	-	-	<u> </u>	Yes ☐ No Yes ☐ No Yes ☐ No						
List All E. Logs R	lun:									
				CASING	RECORD		ew Used			
			Rep				ermediate, produc	tion, etc.		
Purpose of Str		ize Hole Drilled		ze Casing et (In O.D.)	Wei Lbs.		Setting Depth	Type of Cemen		Type and Percent Additives
	ÿ			ADDITIONA	L CEMENTI	NG / SQI	JEEZE RECORI	)	·	
Purpose: Perforate	Tc	Depth p Bottom	Туре	Type of Cement		# Sacks Used		Type and Percent Additives		
Protect Ca										
Plug Back										
1. Did you perform	a bydraulic frac	turing treatmen	t on this v	vell?			Yes		lo, skip questions 2 ar	ad 3)
<ol> <li>Does the volume</li> </ol>	-	-			nt exceed 350	0,000 gallo			lo, skip question 3)	
3. Was the hydraul	ic fracturing trea	tment informati	ion submi	tted to the chemi	cal disclosure	e registry?	Yes	No (If N	lo, fill out Page Three	of the ACO-1)
Date of first Production/Injection or Resumed Production/ Producing Method:										
Injection:				Flowing	Pumpin	ng	Gas Lift	Other (Explain)		
Estimated Produc Per 24 Hours	tion	Oil B	bls.	Gas	Mcf	Wat	er	3bls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:								ON INTERVAL:		
Vented Sold Used on Lease			Open Hole Perf.		Dually	Dually Comp. Commingled		Тор	Bottom	
(If vente	ed, Submit ACO-1	8.)				(Submi	t ACO-5) (Su	bmit ACO-4)		
Shots Per Perforation Perforation Bridge Plug Bridge Plug						a	Aci	d. Fracture. Sho	t, Cementing Squeeze	Record
Foot Top Bottom			Туре	Set At				d Kind of Material Used)		

Packer At:

Size:

Set At:

TUBING RECORD:

Form	ACO1 - Well Completion				
Operator	S & K Oil Production, Inc.				
Well Name	Page 43				
Doc ID	1267113				

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10	7	6	20	One	5	None
Conductor	5.620	2.087	6	636	One	70	None

41' Il N-1 S & K Oil Production, Inc. Blue Mound, Kansas 66010 10:00AM Mishella Lease: P. . . Well#: 43 API#:15-011-24522-00-00 County:Bourbon Owner: S & K Oil Production. Inc. Operator#; 33551 Sec: Twp: R: Spot Location: Started: 8-12-2015 Completed: 8-14-2015 . . Surface: 23' of 7" Cemented: 5 sack, Hole Size: 10" Longstring: 636 27/8 " Cemented: 05 70 sads Hole Size: 5 5/8 SN: Packer: Plugged: Bottom Plug: 657 TD: TKN DEP Formation TKN DEP Formation Lossa Rock 3 36 Lima Shala 41 Lina 44 52 96 Thala 5 101 Ling 104 205 Shal . 213 Lime 27 240 54.12 Day Sand 26 246 8 274 Shala 8 282 1: n-Shal-283 Lima shall Stracks 25 308 Shala 47 355 355 356 356 Lima 365 Shala Ling Stracks 388 hinn 391 Shaly 3 394 Lina Fort Scatt Sendy Shile 16 410 Sand good Oder oil Chips 417 634 Sandy Shala No olur Sandy shall good Blue 638 640 Oil Soul good Black 13 653 Oil Send Harry Bland 653 656 Oil Sand good Shand 457 TO

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