Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1272212

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

WELL COMPLETION FORM

WELL	HISTORY	- DE	SCRIP	TION	OF W	ELL 8	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.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:
	SWD	Producing Formation:
	EOR	Elevation: Ground: Kelly Bushing:
	GSW	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 fo	llows:	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: O	riginal Total Depth:	
🗌 Deepening 🔄 Re-perf. 📃 C	Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back	Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Perm	nit #:	Chloride content: ppm Fluid volume: bbls
- •	nit #:	Dewatering method used:
	nit #:	Location of fluid disposal if hauled offsite:
EOR Perm	it #:	
GSW Perm	nit #:	Operator Name:
		Lease Name: License #:
Spud Date or Date Reached T	•	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:					

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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. 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 Y (Attach Additional Sheets)		Yes No	∕es □ No		og Formatio	n (Top), Dep	th and Datum	Sample	
			Yes No		Nam	e		Тор	Datum
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	n / Mud Logs		 Yes No Yes No Yes No 						
			CASIN Report all strings se	IG RECORD	Ne ace inte		on etc		
Purpose of St		ize Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / F	t	Setting Depth	Type of Cement		Type and Percent Additives
			ADDITION		G / SQL	EEZE RECORD			
Purpose:	То	Depth p Bottom	Type of Cement	# Sacks U	lsed	Type and Percent Additives			
Protect Ca	TD								
Plug Off Z	one								
	e of the total bas	e fluid of the hydra	n this well? aulic fracturing treatm submitted to the cher		-	Yes ns? Yes Yes	No (If N	o, skip questions 2 ar o, skip question 3) o, fill out Page Three	
Date of first Produ Injection:	iction/Injection or	Resumed Produc	tion/ Producing M	ethod:		Gas Lift 🗌 O	ther <i>(Explain)</i> _		
Estimated Production Oil Bbls. Per 24 Hours		Gas	Mcf	Mcf Wat		ols.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:					F COMPLETION: PRODUCTION INTERVAL: Top Bottom				
			Open Hole	Perf.	Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			•	
(If vented, Submit ACO-18.)						(
Shots PerPerforationPerforationBridge PlugBridge PlugFootTopBottomTypeSet At			Bridge Plug Set At		Acid,		, Cementing Squeeze d Kind of Material Used)		

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	Trout, Earl R. 16-2
Doc ID	1272212

Casing

	Size Casing Set	Setting Depth		Type and Percent Additives