



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1281213
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1281213

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Novy Oil & Gas, Inc.
Well Name	Bolack 10 SWD
Doc ID	1281213

All Electric Logs Run

DSN/SDL
MICROLOG
DIL
CBL

Customer <i>NOVY oil, D&S</i>		Lease No.		Date	
Lease <i>Bolack</i>		Well # <i>70 SWD</i>		<i>9/30/15</i>	
Field Order # <i>12774</i>	Station <i>PRATT KS</i>	Casing <i>7 7/8</i>	Depth <i>338</i>	County <i>Cowley</i>	State <i>KS</i>
Type Job <i>CNW 9 7/8 Surface</i>			Formation	Legal Description <i>21-32-6</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>9 7/8</i>				Pre Pad		Max		5 Min.
Depth <i>338</i>	Depth	From	To	Pad		Min		10 Min.
Volume <i>24</i>	Volume	From	To	Frac		Avg		15 Min.
Max Press <i>300</i>	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth <i>318</i>	Packer Depth	From	To					

Customer Representative _____ Station Manager *DAVE SCOTT* Treater *Robert Jellison*

Service Units	<i>37900</i>	<i>78962</i>	<i>86779</i>	<i>179600</i>	<i>19862</i>				
Driver Names	<i>Jellison</i>	<i>Franklin</i>	<i>Motter</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>5:15</i>					<i>on line</i>
					<i>Run 9 7/8 csg.</i>
					<i>circulate on Bottom</i>
<i>8:45</i>					<i>Run 6 inch pipe</i>
<i>8:55</i>		<i>300</i>	<i>3</i>	<i>4</i>	<i>at SPACES</i>
			<i>4.3</i>	<i>5</i>	<i>mix cont 200 slt 60% 1/4 per 2 1/2 hrs 3 1/2 hrs</i>
					<i>shoot down</i>
					<i>Reverse Play</i>
<i>9:15</i>			<i>24</i>	<i>4</i>	<i>at Deep</i>
					<i>play down</i>
					<i>circ 12 BBL cont P-7</i>
					<i>JOB Complete</i>
					<i>Thank you</i>



services, L.P.

TREATMENT REPORT

Lease No. _____ Date 10-9-2011
 Well # 105UP
 Field Order # 12579 Station P15+H10 Casing 7" Depth 3477 County Cowley State KS
 Type Job CNW/ 7" Two Sided Lunsing Formation TD-4357 Legal Description 21-325-GE

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <u>3477</u>	Depth	From	To	Pre Pad		Max		5 Min.
Volume <u>137</u>	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <u>3477</u>	Packer Depth	From	To	Flush <u>Fresh water mud</u>		Gas Volume		Total Load

Customer Representative 1001+ Station Manager Kevin Golevay Treater Darin Friskin

Service Units	<u>92911</u>	<u>84551</u>	<u>19863</u>	<u>19960</u>	<u>19862</u>	<u>19826</u>	<u>19918</u>	<u>33708</u>	<u>20920</u>		
Driver Names	<u>Darin</u>	<u>MSJ17</u>	<u>MSJ17</u>	<u>TM</u>	<u>TM</u>	<u>FA</u>	<u>FA</u>	<u>MICRO</u>	<u>MICRO</u>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>7:15pm</u>					<u>ON LOCATION / S9/12/11</u>
<u>1:00pm</u>	<u>200</u>		<u>5</u>	<u>6</u>	<u>5 WS 100</u>
	<u>200</u>		<u>14</u>	<u>6</u>	<u>12 hbls flush</u>
	<u>200</u>		<u>5</u>	<u>6</u>	<u>5 hbls WS 100</u>
	<u>200</u>		<u>33</u>	<u>6</u>	<u>mic 75 SIC p-con</u>
	<u>200</u>		<u>38</u>	<u>6</u>	<u>mic 110 SIC 60/40 pap</u>
					<u>WSSN pump & lines & Polesia Plus</u>
	<u>200</u>		<u>0</u>	<u>6</u>	<u>DISP 100</u>
	<u>100</u>		<u>150</u>	<u>1</u>	<u>DISP 100</u>
	<u>700</u>				<u>open DV Tool</u>
					<u>Circulate snobs - well on pump truck</u>
	<u>200</u>		<u>53</u>	<u>6</u>	<u>mic 150 SIC 1000 Blm</u>
					<u>WSSN pump & lines</u>
	<u>200</u>		<u>0</u>	<u>6</u>	<u>DISP 100</u>
	<u>400</u>		<u>40</u>	<u>6</u>	<u>1000 Pressure</u>
	<u>500</u>		<u>60</u>	<u>3</u>	<u>Recirc (CIRC. CELLIENT TO GET</u>
	<u>1000</u>		<u>68</u>	<u>3</u>	<u>Bump - 1000 & 2000 feet</u>
	<u>600</u>		<u>8</u>	<u>3</u>	<u>Down Rod & Pump</u>
					<u>Job Complete / D. Friskin</u>