KOLAR Document ID: 1278988

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ 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 follows:	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: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Committed at Provider	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
<u> </u>	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	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 Approved by: Date:

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Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Diamond Star Oil, Inc.
Well Name	Shofner DI-2
Doc ID	1278988

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	0	22	50/50 POZ	5	N/A
Production	5.625	2.875	0	713	60/40 POZ		See Service Co. Ticket



250 N. Water, Ste 200 - Wichita, Ks 67202

Custon	Diamond	Diamond Star				John Pauls	John Paulsen Tichet No.: 50491				91	
Address: 219 Brookside Dr.				AFE No		John Paulsen		Tichet No.: 50491				
City, Seate, Zip: Paola, Ks 66071 Service Bistrict: Well name & No. Shofner # DI-2					Jeb tys	cement long	noteine (ate: 10/30/2015			
					_	Well Location: 5 5/8 hole @ 723 2 7/8 casing @ 713						
Equipment #	Driver	Pri F :				County: Miami State: KS						
231	Tom	Equipment #	Driver	Equipment	# Hours	TRUCK CAL	AM PM	TIM				
242	Jeff	1				ARRIVED A				AM PM		
147/157	Mitch	1				START OPE				AM PM		
	İ				1	FINISH OPE	RATION			AM		
					1	MILES FROM	A CTATION	TO WELL		PM PM		
					Treatment S	ummary	MISTATION	TO WELL				
Product/Service					Unit of							
Code	Description				Measure	Quantity	List Price/Unit	Gross Amount	Item Discount		Net Am	
1603		mix Cement			sack	108.00	Commence of the last of the la	\$1,296.00	-	in the second	\$97	
1607	Bentonite (lb	185.00		\$55.50	1	1	\$4	
2000	Bentonite (3el			lb	200.00	\$0.30	\$60.00			\$4	
1631	Rubber Plu	IA 0 7/9			gal	3,000.00	\$0.01	\$39.00	25.00%	,l	\$2	
1001	I doder Fig	g 2 7/8			ea	1.00	\$30.00	\$30.00	25.00%	<u>, </u>	\$	
3103	Cement Pu	Imp			ea	1.00	\$675.00	1 2075 00	1			
0101		ip. One Way			mi	15.00	\$3.25	\$675.00	1	1	\$50	
4201		ilk Truck - Minim	um		ea	1.00		\$300.00	1	_	\$	
5700	Transports	150 bbi			ea	2.00	\$105.00	\$210.00	1		\$15 \$15	
									1			
				7-40								
S: Cash in advance	e unless Hurrican	ne Services Inc has app Mal invoice due on or b	proved credit pri	or to sale. Credit					!			
or the maximum	ounts may pay inte	The invoice due on or be erest on the balance pa cable state or federal is my to employ an agency by agrees to pay all fest imer's account with HSI fevicusity annited in accident	ust due at the rai	ay from the date te of 1 1/4% per	Total 1	axable	Gross:	\$ 2,714.25		\$	1,960	
er amount. In the e	vent it is necessar	ry to employ an agency	ws if such laws and/or attorney	imit interest to to affect the	Frac and Acid service treatments designed with intent							
ch collection. In the	event that Custo	mer's account with HSI	s directly or indi becomes delin	rectly incurred quent, HSI has	to increase pro-	duction on newly drill ells are not texable.	ed or existing		Sale Tax:		-	
nt to revoke any ar Bion, the full invoic t to collection.	o all discounts pr se price without dis	mers account with HSI reviously applied in arri scount will become Imm	wing at net invoi mediately due ar	ice price. Upon nd owing and		Date of Service: 1	0/30/2015		Total:	\$	1,960.	
The contractions.					HSI Representative: Torn Goodner							
			X				Customer Representative:					
	7,000	R AUTHORIZED AGENT			100	Representative:			-			