



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1284798
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: _____

1284798

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PURCHASE ORDER # 152466



****Sections shaded are assigned by Purchasing**

Date Issued: _____

Quotation / Order#: **1442599**

Ext.#/Department: DRILLING

Suggested Vendor:

Name: CLEAVERS FARM AND HOME

Address: 2103 S. SANTA FE
CHANUTE, KS 66720

Phone: 620.431.6070

Fax:

Email:nick.whitworth@cleaverfarm.com Contact: NICK WHITWORTH

Vendor ID:	CL0001
AFE/Cost Code:	AFE FR-016
G/L Code:	
G/L Description:	
Terms:	Net 30 Invoice
Ship Via:	Best Available Way

Justification:

FORMATION REPAIR AND CASING INSTALLATION

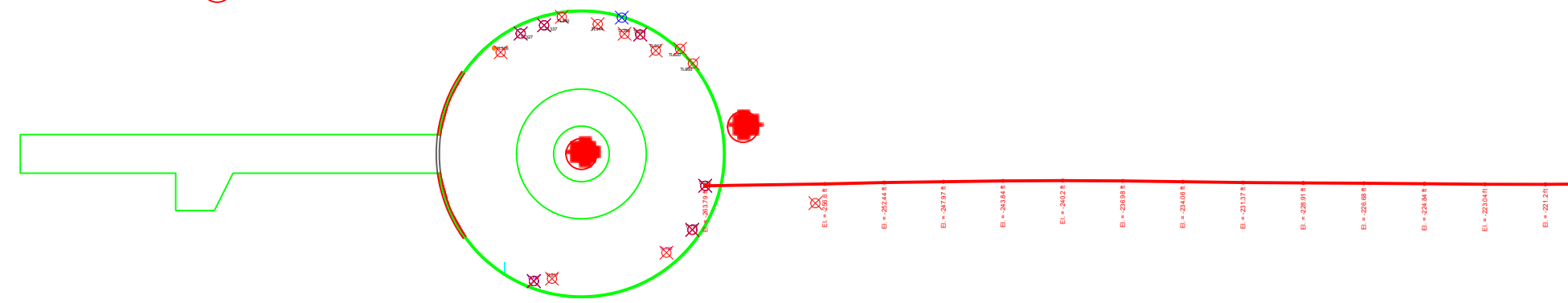
Ship to:
Fredonia Facility
1135 N. 15th Street
Fredonia, KS 66736

Bill to:
Wilson County Holdings
907 North Poplar Drive, Suite 235
Casper, Wyoming 82601
wcbilling@stranded-oil.com

Item	Quantity	Unit of Measure	Description	Part Number	Unit Price	Total Price
1	300	EA	CEMENT STANDARD TYPE 1, 94LB, MONARCH		10.10	\$ 3,030.00
2	10	EA	CEMENT PALLET (DEPOSIT)		18.00	\$ 180.00
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Notes:	Sub-Total	\$ 3,210.00
	Plus Tax of 6.50%	\$ 208.65
	Total	\$ 3,418.65

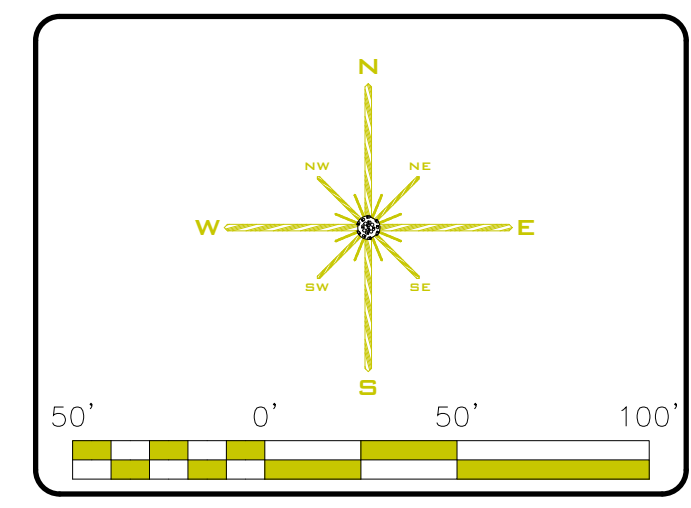
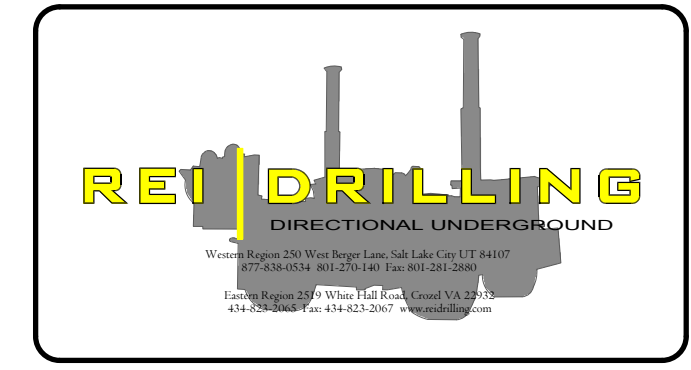
Authorized by: _____ BUYER / BRECK ADAY _____ Date _____
Signature Title / Printed Name



TD 9-090
275.6 ft MD

**WGH LLC
 FREDONIA FACILITY
 TL 9-090
 PLAN VIEW**

USGS MAG DEC	2.8	PLOT FINISH CHECK	PROJECT MANAGER:	INITIALS
SURVEY TOOL CALIBRATION	-2.33		CHECKED BY:	FPS



JOB NUMBER: 4009754 / 9755	
DRAWN BY: FPS	DATE DRAWN: 3/24/2015
REVISION: A	REV DATE: 2/10/2016
SCALE: 1"=50'	

C:\FILES\USGS\PROJECTS\STRANDED DILDRILLING SURVEYS AND PLANNING\CAD FILES\RET BOREHOLE PLAN STRANDED DIL FREDONIA
 PROJECT DATE: 8/12/2015

Borehole ID	Branch ID	Measured Depth (ft)	Azimuth (deg)	Inclination (deg)
9-090	main	0.00	89.99	100.00
9-090	main	39.37	88.23	101.05
9-090	main	59.06	89.09	103.27
9-090	main	78.74	89.28	102.97
9-090	main	98.43	89.23	101.30
9-090	main	118.11	90.11	99.95
9-090	main	137.80	90.59	98.90
9-090	main	157.48	90.87	98.25
9-090	main	177.17	90.58	97.49
9-090	main	196.85	90.20	96.79
9-090	main	216.54	90.39	96.15
9-090	main	236.22	90.56	94.69
9-090	main	255.91	90.56	95.82
9-090	main	275.59	89.50	94.81

EW (ft)	NS (ft)	True Vertical Depth (ft, Subsea)
0.00	0.00	-263.79
38.71	0.59	-256.60
57.94	1.05	-252.44
77.10	1.31	-247.97
96.36	1.57	-243.84
115.68	1.67	-240.20
135.10	1.57	-236.98
154.59	1.31	-234.06
174.08	1.05	-231.37
193.60	0.92	-228.91
213.16	0.82	-226.68
232.78	0.66	-224.84
252.36	0.49	-223.04
271.95	0.46	-221.20

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

February 12, 2016

Forrest Sutherland
Wilson County Holdings LLC
1135 N. 15TH ST.
FREDONIA, KS 66736

Re: ACO-1
API 15-205-28363-01-00
Wilson County Holdings TL 9-090
NE/4 Sec.12-29S-14E
Wilson County, Kansas

Dear Forrest Sutherland:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 9/18/2015 and the ACO-1 was received on February 11, 2016 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department