## KOLAR Document ID: 1284377

Confiden	tiality Re	quested:
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	& I FASE
	III JIONI	- DESCRIF HOR		a LLASL

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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	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:
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)
	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 disposa in flauled offsite.
GSW Permit #:	Operator Name:
	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 III Approved by: Date:

### KOLAR Document ID: 1284377

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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 Take			<u> </u>	/es 🗌 No	1		L	og Forn	nation (Top), De	pth and	d Datum	Sample
(Attach Additiona				(		N	lame	<del>)</del>			Тор	Datum
Samples Sent to Ge Cores Taken Electric Log Run Geologist Report / M List All E. Logs Run:	Aud Logs	vey		∕es ∟ Νο ∕es □ Νο ∕es □ Νο ∕es □ Νο	1							
			Rep	CASI ort all strings	NG RECO		Nev		duction, etc.			
Purpose of String		ze Hole Drilled	Si	ze Casing et (In O.D.)		Weight _bs. / Ft.		Setting Depth	Type o Cemei		# Sacks Used	Type and Percent Additives
Purpose:		Depth	Turo	ADDITIO e of Cement		NTING / S		EEZE RECC		and Pa	ercent Additives	
Perforate	Тор	Bottom	тур	e of Cement	#0				туре	anu re	Acent Additives	
Protect Casing Plug Back TD Plug Off Zone												
<ol> <li>Did you perform a h</li> <li>Does the volume of</li> <li>Was the hydraulic fractional first Production</li> </ol>	the total base acturing treat	e fluid of the hy ment informat	ydraulic fi ion subm	acturing treat	emical disclo		stry?	Gas Lift	No (If	No, skip No, fill c	o questions 2 an o question 3) out Page Three o	
Estimated Production Per 24 Hours	1	Oil B	bls.	Gas	Mcf	,	Wate	r	Bbls.	Ga	as-Oil Ratio	Gravity
DISPOSIT	TION OF GAS	8:			METHO		1PLE	TION:			PRODUCTIC Top	N INTERVAL: Bottom
Vented So	old Use	ed on Lease		Open Hole	Perf.		-	Comp ACO-5)	Commingled (Submit ACO-4)		100	
Shots Per Foot	Perforation Top	Perforat Bottor		Bridge Plug Type		e Plug t At		,	Acid, Fracture, Sho (Amount ar		enting Squeeze of Material Used)	Record
TUBING RECORD:	Size:		Set At:		Packer	At:						

Form	ACO1 - Well Completion
Operator	IGWT, Inc.
Well Name	PIERCE 3
Doc ID	1284377

# Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	223	PORTLAN D	80	
Production	7.875	5.5	17	2861	PORTLAN D	350	

	NSOLIDATED. Well Services, LLC	F	REMIT TO ed Oil Well Ser Dept:970 P.O.Box 4346 on,TX 77210-4		( · · · · · · · · · · · · · · · · · · ·	620/431-92	P.C Chanute,k 10,1-800/4	467-8676
Invoice					Invoice#	80	Fax 620/4 6709	131-0012
Invoice Date:	==================================	=======================================	======================================	======= C.O.D.	==========================		=======	========
IGWT, INC					الم عن هو الله بين ا	Page	1	
P.O. BOX 5550 ROSE HILL KS 6 USA 3162537265	7133			PIERC	CE #3			
			· · · · · · · · · · · · · · · · · · ·					
Part No CE2001	<b>Description</b> Additional Hours, Pe	er Cement	Qu;	======== antity	Unit Price D	======================================	=======	====== Total
CE2001	Additional Hours, Pe Pump/Hour			======== antity 2.000	Unit Price D	======================================	======	<b>Total</b> 400.00
-	Additional Hours, Pe						======	
CE2001	Additional Hours, Pe Pump/Hour Equipment Mileage			2.000	200.0000 7.1500	0.000		400.00
CE2001	Additional Hours, Pe Pump/Hour Equipment Mileage			2.000	200.0000 7.1500 S Discounted A	0.000 100.000 ubtotal mount		400.00 0.00
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CE2001	Additional Hours, Pe Pump/Hour Equipment Mileage			2.000	200.0000 7.1500 S Discounted A SubTotal After Di	0.000 100.000 ubtotal amount scount	2	400.00 0.00 435.75 35.75 400.00 /28/16
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PONCA CITY, OK 580/762-2303

OAKLEY, KS 785/672-8822

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

GILLETTE, WY Ci 307/686-4914 9

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) Box 884. Cha	nute, KS 6672	-0 FIE	LD TICKET	REAT	MENT REP			
	800-467-8676					15-015-	24067	
DATE	CUSTOMER #	WÊL	L NAME & NUME	BER	SECTION	TOWNSHIP		COUNTY
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	NSOLIDATED	( Consolidated ( E P.C	EMIT TO Dil Well Services,L Dept:970 9.Box 4346 TX 77210-4346	LC	620/431-92	MAIN OFFICE P.O.Box884 Chanute,KS 66720 210,1-800/467-8676 Fax 620/431-0012
Invoice				Invoice	e# 80	6605
Invoice Date:	======================================	=================	Terms: C.O.E	).	======================================	-=====================================
IGWT, INC P.O. BOX 5550 ROSE HILL KS USA 3162537265				PIERCE #3		
Part No	Description		======== Quantity	Unit Pri	-=====================================	Total
CE0450	Cement Pump Char	ge 0 - 1500'	1.000			423.00
CE0002	Equipment Mileage ( Equipment	Charge - Heavy	10.000	7.15	100.000	0.00
CE0711	Minimum Cement De	elivery Charge	1.000	660.00	53.000	310.20
CC5842	Poz-Blend II A (60:4	0)	225.000	14.75	53.000	1,559.81
CC5965	Bentonite		1,825.000	0.30	00 53.000	257.33
CC6077	Kolseal		1,125.000	0.50	00 53.000	264.38
CC6075	Celloflake		56.000	2.00	00 53.000	52.64
WE0853	80 BBL Vacuum Tru Services)	ck (Cement	3.000	100.00	00 53.000	141.00
WC6159	City Water		3,000.000	0.02	00 100.000	0.00
					Subtotal	6,532.25
				Disco	unted Amount	3,523.90
				SubTotal /	After Discount	3,008.35
				Amou	nt Due 6,842.80 Ii	paid after 12/14/15
					Tax:	144.06
					Total:	3,152.42

9308

BARTLESVILLE, OK 918/338-0808 EL DORADO,KS 316/322-7022

EUREKA, KS 620/583-7554 PONCA CITY, OK 580/762-2303

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OAKLEY, KS 785/672-8822 O⊤TAWA, KS 785/242-4044 THAYER, KS GILLETTE, WY 620/839-5269 307/686-4914

CUSHING, OK 918/225-2650

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PO Box 884, C	hanute, KS 66720	FIE	LD TICKET & TI			•	· .	die
	or 800-467-8676			MEN.	TAPI	15-015-240	62-00-0	\$
DATE	CUSTOMER#	· · ·	L NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
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CASING DEPTH	1999 DE		TUBIN	1 : "		;	OTHER	
SLURRY WEIGH		URRY VOL_	WATE	₹ gal/sk	c	CEMENT LEFT in		
DISPLACEMEN	T_46.3_ DI	SPLACEMEN				RATE		· · · · · · · · · · · · · · · · · · ·
REMARKS: 5	is Early trize	eting o	N C+G . +1,	Pu	mb 5 18	EL write	R. Mix	
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acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

CONSOLIDATED Oil Well Services, LLC		REMIT TO Consolidated Oil Well Services,LLC Dept:970 P.O.Box 4346 Houston,TX 77210-4346		· · · · · · · · · · · · · · · · · · ·	620/431-921	MAIN OFFICE P.O.Box884 Chanute,KS 66720 620/431-9210,1-800/467-8676 Fax 620/431-0012	
Invoice				Invoice#	8066	604	
Invoice Date: 12/14/15			======================================		Page	======================================	
IGWT, INC		<u> </u>					
P.O. BOX 5556 ROSE HILL KS USA 3162537265			PIER	CE #3			
======================================	Description		Quantity	Unit Price I	======================================	Total	
CE0451	Cement Pump Ch	arge 1501' - 3000'	1.000	1,900.0000	53.000	893.00	
CE0002	Equipment Mileag Equipment	e Charge - Heavy	6.000	7.1500	100.000	0.00	
CE0711	Minimum Cement	Delivery Charge	1.000	660.0000	53.000	310.20	
CC5800A	Class A Cement -	Sack	125.000	20.0000	53.000	1,175.00	
CC5965	Bentonite		350.000	0.3000	53.000	49.35	
CC5325	Calcium Chloride		300.000	1.0000	53.000	141.00	
CC6077	Kolseal		625.000	0.5000	53.000	146.88	
CP8485	5 1/2" Float Shoe	AFU	1.000	585.0000	53.000	274.95	
CP8801	5 1/2" DV Tool		1.000	5,970.0000	53.000	2,805.90	
CP8629	5 1/2" Basket		4.000	385.0000	53.000	723.80	
CP8554	5 1/2" Centralizer		8.000	81.0000	53.000	304.56	
WE0853 80 BBL Vacuum Truck (Cement Services)			3.000	100.0000	53.000	141.00	
WC6159	City Water		3,000.000	0.0200	100.000	0.00	
					Subtotal	14,923.40	
				Discounted	d Amount	7,957.77	
		9308		SubTotal After	Discount	6,965.63	
		а а				aid after 12/14/15	
					Tax:	388.97	
					Total:	7,354.61	

BARTLESVILLE, OK 918/338-0808 EL DORADO,KS 316/322-7022

EUREKA, KS 620/583-7554

PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

GILLETTE, WY CUSHING, OK 307/686-4914 918/225-2650

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CODE CEO 451 CEO 002		PUMP CHARGE MILEAGE	•	r PRODUCT	UNIT PRICE	TOTAL
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-201

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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PO Box 884, C	hanute, KS 66720	) FI	ELD TICKE			VT REP	FOREMAN_`	Fuzzi	
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form. 010/200.4