

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1301940

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 #	API No. 15
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:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. 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 ENHR Conv. to SWD	Duilling Fluid Management Dian
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
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									
Geologist Report Received									
UIC Distribution									
ALT I II III Approved by: Date:									

	Page Two	1301940
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS: Chause important tang of formations paratrated	atail all aaraa Bapart all final	apping of drill stome tools giving interval tooled, time tool

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Trace of Ocean ant	III On also I land		Turne and D		

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For	RD - Bridge F Each Interval		e	A		ement Squeeze Record of Material Used)	Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	n:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	} .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF C	AS:			METHOD				PRODUCTION IN	TERVAL:
Vented Solo	1 🗌 I	Jsed on Lease		Open Hole	Perf.		Comp.	Commingled		
(If vented, Su	bmit ACC	0-18.)		Other (Specify)	(Submit)		(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion				
Operator Mears, John C.					
Well Name	MEARS LEASE M M-23				
Doc ID	1301940				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	40	STD	8	STD
Production	5.625	2.875	6.5	1022	STD	125	STD

DRILLERS LOG

Contractor: EK Energy LLC Company: JOHN MEARS License# 33977 County: WOODSON Farm: MEARS LEASE M Sec: 34 TWP: 26 Range: 16E Well No: M-23 Location: 2805 FSL API: 15-207-29324-00-00 Location: 4070 FEL Surface Pipe: 40.6' Spot: SE-SE-SW-NW

Thickness	Formation	Depth	Remarks
	SOIL & CLAY	6	Drilled 97/8 Hole Set 7"
36	LIME	42	Drilled 57/8 HOLE
117	SHALE	159	
93	LIME	252	-
100	SHALE	352	Started 2/29/2016
171	LIME	523	Finished 3/4/2016
118	SHALE	641	
12	LIME	653	
83	SHALE	736	T.D. Hole 1025'
33	LIME	769	T.D. PIPE 1022'
29	SHALE	798	
16	LIME	814	
8	SHALE	822	
3	LIME	825	
7	SHALE	832	
3	SAND	835	
27	SHALE	862	
27	SANDY SH	889	ODOR SOME BLEED
106	SHALE	995	
10	OIL SAND	1005	GOOD BLEED
4	BLK SAND	1009	
	SHALE	T.D.	
		_	
	_		

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COUDING CONDINC CONDING CONDIN CONDIN CONDIN CONDIN CONDIN CONDIN CONDIN CONDIN CONDIN			SLUMP	4.00 10	Excessive Water is Detrimental to Concrete Performance H ₂ 0 Added By Request/Authorized By GAL X	NOTCE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTCE: AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELVENING INSIDE CURB LINE.	Aut	UNIT PRICE	EZ-W		% TAX 7.50		ADDITIONAL CHARGE 1	ADDITIONAL CHARGE 2	GRAND TOTAL	When the second second second second
E E	DRIVER/TRUCK	30	WATER TRIM	00.00	WEIGHN			•	12.50 2.50 12.50	TIME ALLOWED		TIME DUE		DELAY TIME		and a set of the second second second
ducts, Inc.			BATCH#	Ċn.	PROPERTY DAMAGE RELEASE TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LIVE) Data Customer tabent of this tubble in the size and weight RELEASE to you tory vur agrantor is of the option that the size and weight of his property if the places the marking in this load when you device it is our wish to help you if every weight the weat, but if order to of his this supplier from any respecting that you of dringer that in work you on this supplier from any respectibility from any damage that integro	ent property, buildings, sidewalks, silvery of this material, and that you off form the wheels of his vehicle so next Further, as additional considera- demnify and hold harmless the driver any and all damage to the premises any and all damage to the premises	ana a aufin la nauma a fu		R UNITO	DELAY EXPLANATION/CYLINDER TEST TAKEN	 TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 	σ.				Later Partory
oncrete Products, Inc.	YARDS ORDERED	10.54	YARDS DEL.	12,50	In the second	to the premises and/or adjac driveways, curbs, etc., by the d also agree to help him remove in that he will not litter the public si tion, the undersigned agrees to it but kit truck and this suppler for and/or adreamt varion.	signed of delivery of this order	1	(10 SACKS PER ING CHARGE B AND HAULING	DELAY EXPLANATION	 JOB NOT READY SLOW POUR OR PUMP TRUCK AHEAD ON JOB 	4. CONTRACTOR BROKE DOW 5. ADDED WATER				when the state of the state of the state of the state of
S SS	LOAD SIZE	12,50	LOAD #	4	ND EYES PROLONGED CONTACT MAY ontact With Skin, In Case of imitation Persiss, Get Medical	CENT OF THE CONCENSION MUST be SINAL. INSTRUCTIONS MUST be meys' tees, incurred in collecting te of 24% per annum.	n Allowed Unless Made at Time cted on all Returned Checks.	DESCRIPTION	AFLL MIXING	FINISH UNLOADING	108	START UNLOADING		UNLOADING TIME		and and a subserver of the
d. 88 persons supply fing of a mech	FORMULA	M WELL		WELLAMEZ	WARNING IRRITATING TO THE SKIN AND EVES Is Portand Cerrent. War hubber Boots and Gloves. PBICINGED CONTACT WAR PURNS, Avoid Contact With Eyes and Protonged Contact With Skin. In Case of fith Skin or Eyes, Flush Thoroughly With Water, if Inflation Plessis, Get Medical KEP CHLIDREN XMAY.	Devoter to a prensivation community and accounts us and accounts us and accounts of a prensivation of a prensivation of account with a presivation of a prensivation of a prensivation of the president of the pre	Not 1 porsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Tr. Matter 1: Delivered. A \$30 Perior Charge and Loss of the Cash Discount will be collected on all Returned Checks.	CODE	WELL TRUCHING MIX&HOUL	LEFT JOB		ARRIVED JOB	143	TOTAL AT JOB		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
802 N. Industrial Rd. P.O. Box 664 Iola, Kansas 66749 Phone: (620) 365-5588 NOTICE TO OWNEN Falue of this contractor to pay those perso complete this contractor to pay those perso complete this contractor to pay those perso complete this contractor.	TIME	LELEA P	DATE	3/4/16	IRAITAT s Partiand Germent RUPRNS, Avoid Ge Min Stim or Eves Arthoretic	LEANING 1'S PLANT, ANY LEANING 1'S PLANT, ANY TELEPHO' 10 to the OFFICE The undr' gred promises to any sur , owed. All ac rts not paid within 30 c	Not i consible for Reactive Aggreg Matern is Delivered. A \$30 Service Charge and Loss of th Excess Delay Time Charged @ \$60/HR.	QUANTIFY	a a a a a a a a a a a a a a a a a a a	RETURNED TO PLANT		LEFT PLANT	1252	TOTAL ROUND TRIP		Resident of the second of the
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Building Materials Farm & Ranch Supplies Structural Steel Products Hardware & Paint



RETURN POLICY - within 30 days only merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Account due 10th of month following purchase. 1 1/2% interest per month added for an annual percentage rate of 18%.

SOLD TO MARK MORRISON MORRISON CONSTR 1651 50TH. RD. YATES CENTER, KS 66785-5141 620-537-6675

SHIP TO MORRISON CONSTRUCTION 1651 50TH RD

YATES CENTER, KS 66783

Shipment #: 1

ACCOUNT #	CUSTOM	ER P.O. #		TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
M1876			NET	10TH	1450446	12/07/15	TD	1007056	12/07/15
ORDERED	BACK ORDERED	SHIPPED	U/M	Γ	ESCRIPTION		P	RICE	AMOUNT
8	0	8	EA	CEMENT STANDAR MONARCH STD PALLET ?		94LB	11	.650	93.20*
December '	7, 2015 10):21:35 TH	IOMAS	DAVOLT	0 /	1	MERCHAI	NDISE	93.20
	* * * * * * * * * *			SHIP VIA	D BY CHK'D E		OTHER		0.00
	INVOICE ********	*			L	I	TAX 8.7	50%	8.16
		10		PAGE 1 OF 1	- 1	011			
				1	My	. IVV	FREIGHT	2	0.00
				\bigcirc	<u> </u>	RECEIVED BY	TOTAL		101.36

MARK MORRISON 1651 50th Road Yates Center, KS 66783

WORK ORDER MEARS M LEASE

<u>DATE</u>	<u>WELL</u>	DESCRIPTION
3/4/2016	M-23	mixed 8 sacks of cement to cement surface
3/4/2016	M-23	established circulation; circulate 125 sacks of cement to surface; pumped plug and set float shoe