



Confidentiality Requested:

Yes No

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: _____

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: Yes No

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> _____				
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	Mike Kelso Oil, Inc.
Well Name	Hiss "D" 1
Doc ID	1310541

Tops

Name	Top	Datum
Anhy	774	+1128
Topeka	2805	-903
Heebner Shale	3164	-1262
Totonto	3184	-1282
Douglas Shale	3201	-1299
Brown Lime	3282	-1380
LKC	3294	-1392
BKC	3516	-1614
Arbuckle	3554	-1652
RTD	3632	-1730



TREATMENT REPORT

Add Stage No. _____

Date: 6/4/2016 District: GREAT BEND F.O. No. 43762
 Company: MIKE KELSO OIL
 Well Name & No.: HISS D1
 Location: 33-206-13W field: Hiss East
 County: BARTON ST: KS

Type Treatment	Amt.	Type Fluid	Sand Size	Pounds of Sand
Eldown	Bbl/Gal			
	Bbl/Gal			
	Bbl/Gal			
Flush	Bbl/Gal			

Casing: Size 5 1/2 Type & Wt. USED Set at 3623 ft.
 Formation: Perf. _____ to _____
 Formation: Perf. _____ to _____
 Formation: Perf. _____ to _____
 Casing: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: _____ Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Spung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size 7 7/8 I.D. 3632 ft. P.B. to _____ ft.

Treated from _____ ft. to _____ ft.	No. ft.	<u>0</u>
from _____ ft. to _____ ft.	No. ft.	<u>0</u>
from _____ ft. to _____ ft.	No. ft.	<u>0</u>
Actual Volume of Oil / Water to Load (Gals)		Bbl/Gal
Pump Trucks: No. Used: <u>365</u> Sp. _____ Twin _____		
Auxiliary Equipment: <u>367/308</u>		
Personnel: <u>MIKE GREG NATHAN</u>		
Auxiliary Tools _____		
Plugging or Sealing Materials: Type _____		
	Gals	lb.

Company Representative: MIKE KELSO Treator: JORDAN

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1700				ON LOCATION. RIG UP TO RUN CASING 100JTS
				5.5" 3623' CENTRALIZERS 1,3,5,7,11
				BAFFLE 3613' BASKETS 2,8.
2000				Tag bottom, break circulation with mud pump. Circulate 30 minutes
2030				Pump 15bbl mud flush
				Plug rat hole w/.25sks 60/40/poz
				Mix 25 60/40poz
				Mix: 175sks 60/40poz 2%gel 12%salt .75%C41p .75%C47a 5lb per sk gilsonite at 7.5bpm
				Wash out pump and lines
				Release plug; displace with 88.4 bbl water at 7bpm and plug at 800psi pressure up plug to 1200psi. Held pressure.
2230				Release pressure; flapper and plug hold.
				Job finished
				Thank you!

CEMENT BOND LOG

Company MIKE KELSO OIL, INC.
 Well HISS "D" #1
 Field HISS EAST
 County BARTON State KANSAS

Location 670' FSL & 700' FWL
 SEC. 33 TWP. 20S RGE. 13W
 Permanent Datum GROUND LEVEL Elevation 1895
 Log Measured From KELLY BUSHING 7' AGL
 Drilling Measured From KELLY BUSHING
 Other Services PERF

Date 6-15-2016
 Run Number ONE
 Depth Driller 3625
 Depth Logger 3595
 Bottom Logged Interval 3994
 Top Log Interval 2300
 Open Hole Size WATER
 Type Fluid
 Density / Viscosity
 Max. Recorded Temp.
 Estimated Cement Top 2520
 Time Well Ready
 Time Logger on Bottom
 Equipment Number #53
 Location GREAT BEND
 Recorded By LANCE GREGG
 Witnessed By MR. KELSO

Run Number	Borehole Record		Tubing Record				
	Bit	From	To	Size	Weight	From	To
Casing Record							
Surface String		8.625		Wgt/Ft	Top		Bottom
Prot. String				23#	0		367'
Production String		5.5		15.5#	0		3624
Liner							

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

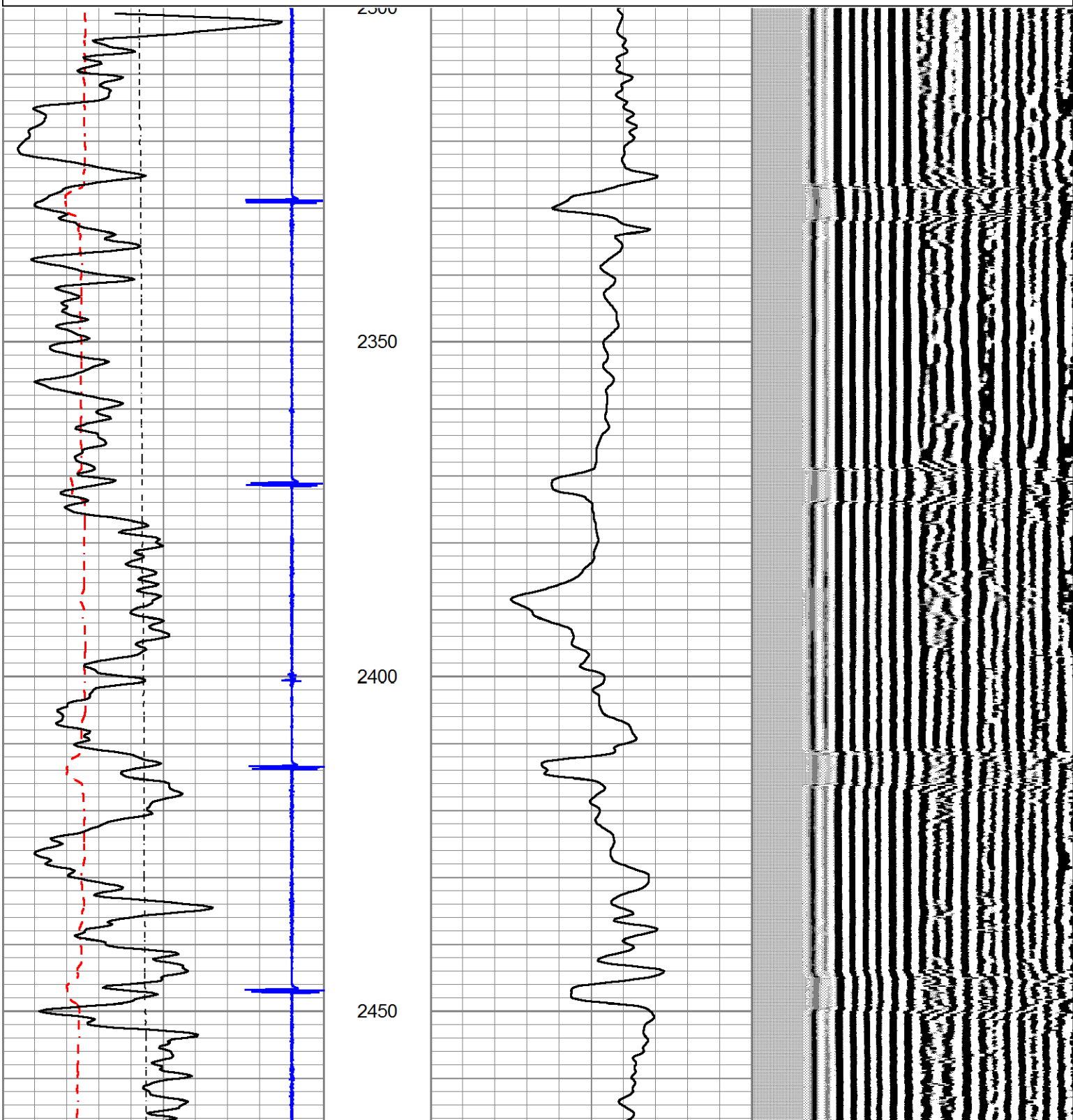
THANK YOU FOR USING LOG TECH OF KANSAS

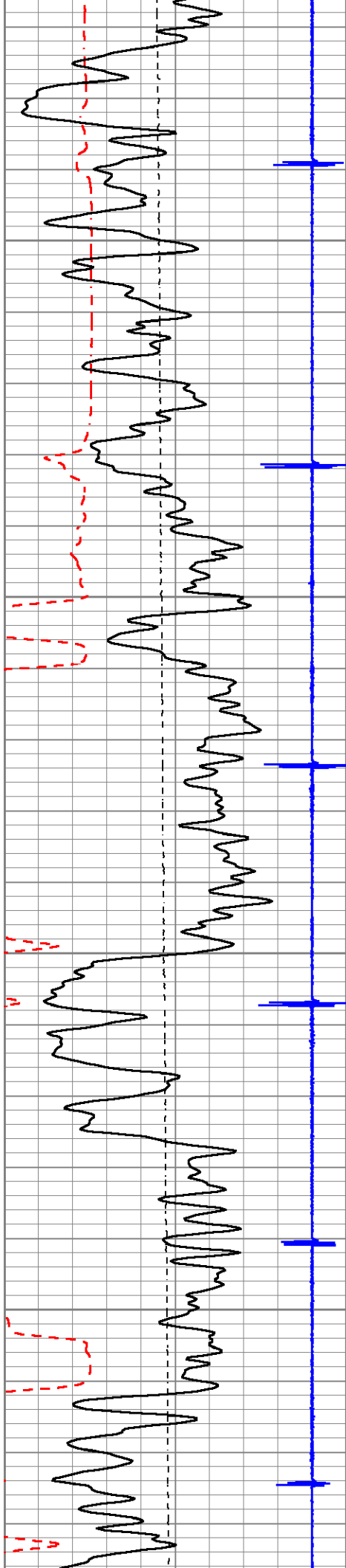
DIRECTIONS
 SOUTH TO COUNTY LINE FROM GREAT BEND
 1 MILE WEST, 1/8 NORTH,
 EAST INTO

Database File hiss d.db
 Dataset Pathname pass3
 Presentation Format scbl_dr
 Dataset Creation Wed Jun 15 11:18:29 2016
 Charted by Depth in Feet scaled 1:240

320	Travel Time (usec)	120
-9	Collar Locator	1
0	LTEN (lb)	1500
0	Gamma Ray (GAPI)	150
150	Gamma Ray (GAPI)	300
300	Gamma Ray (GAPI)	450

0 Amplitude (mV) 100 200 VDL 1200





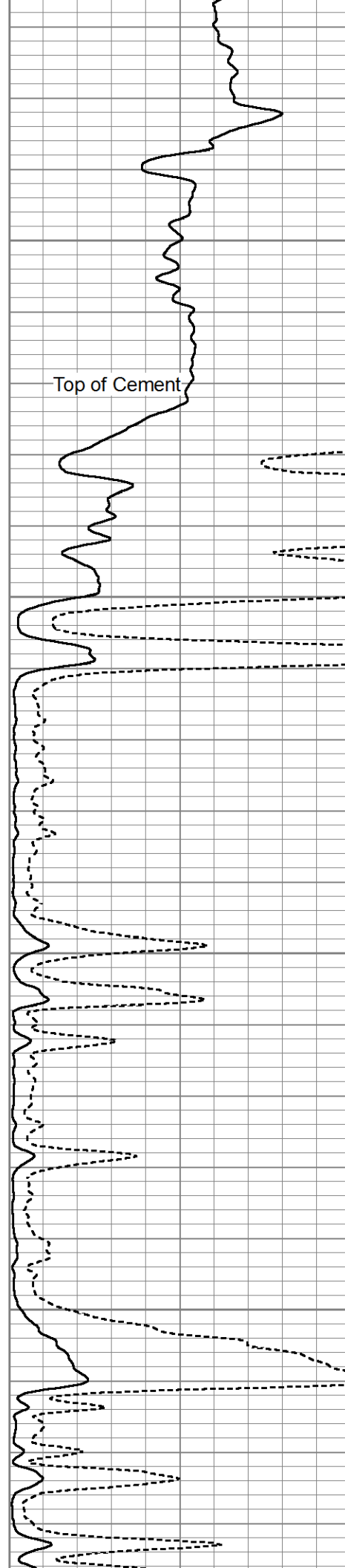
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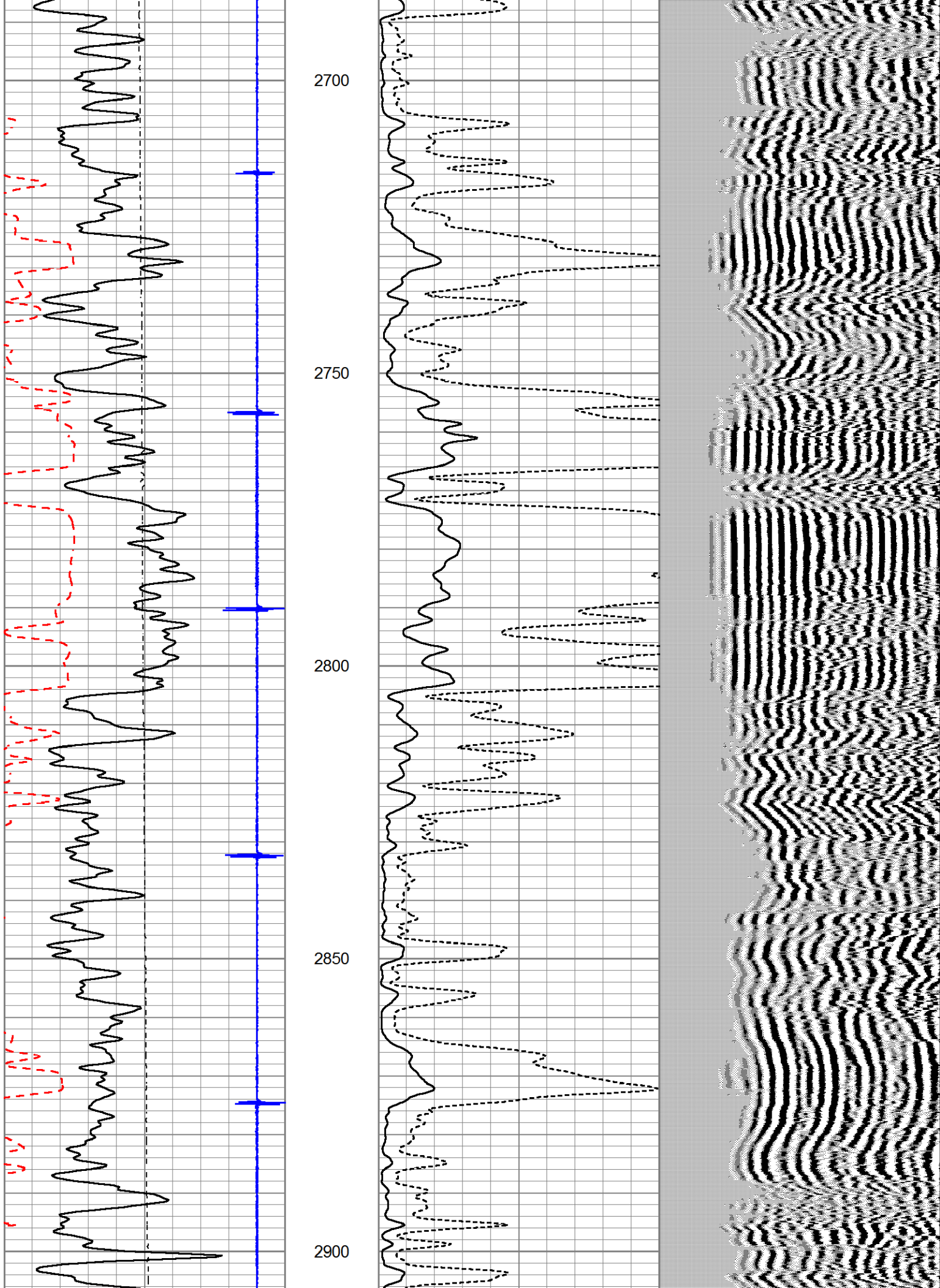
Top of Cement

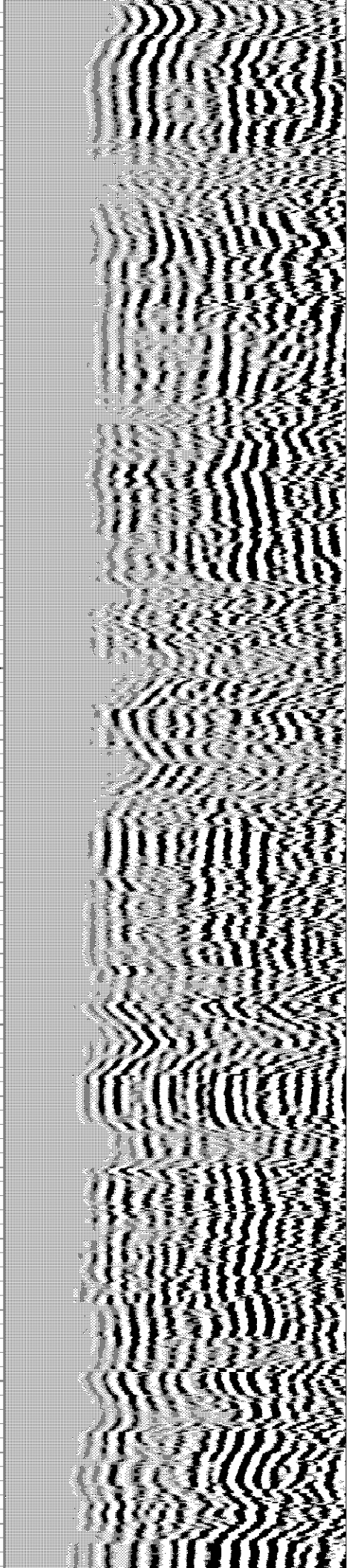
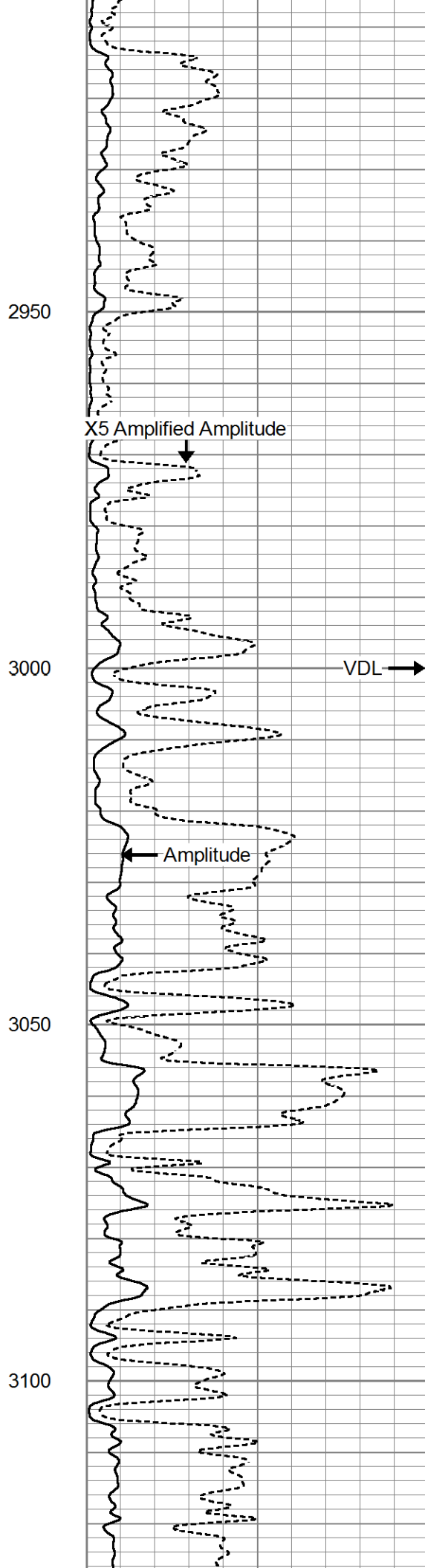
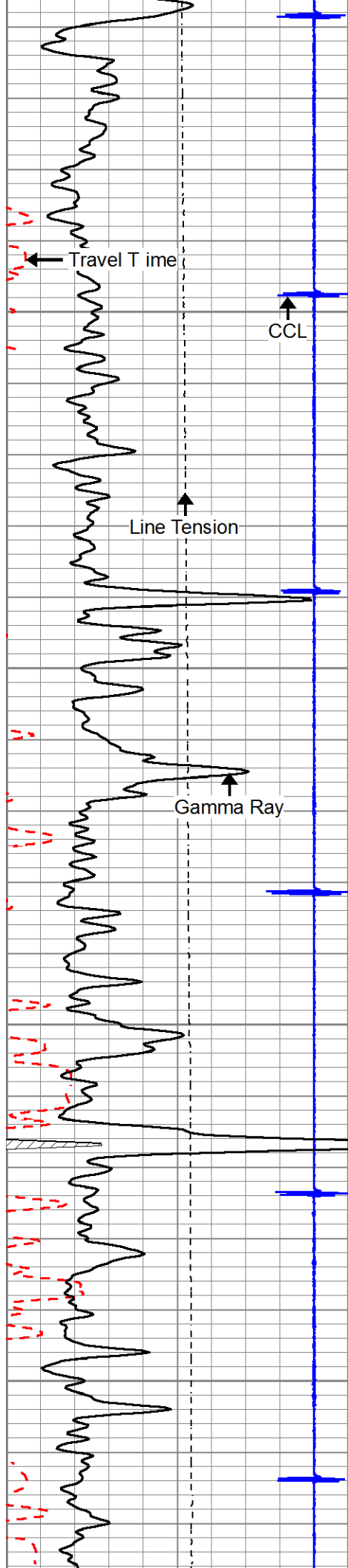
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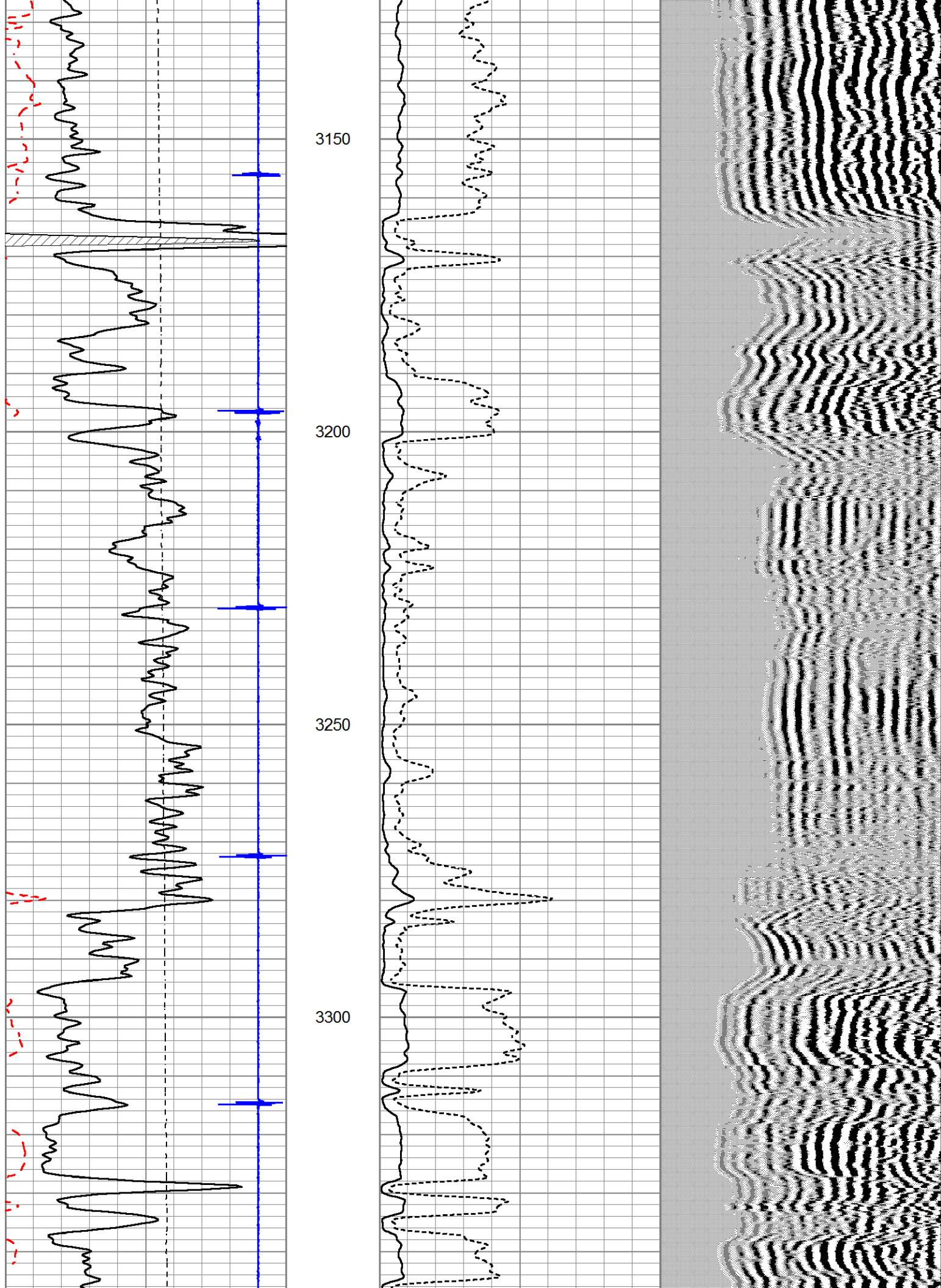
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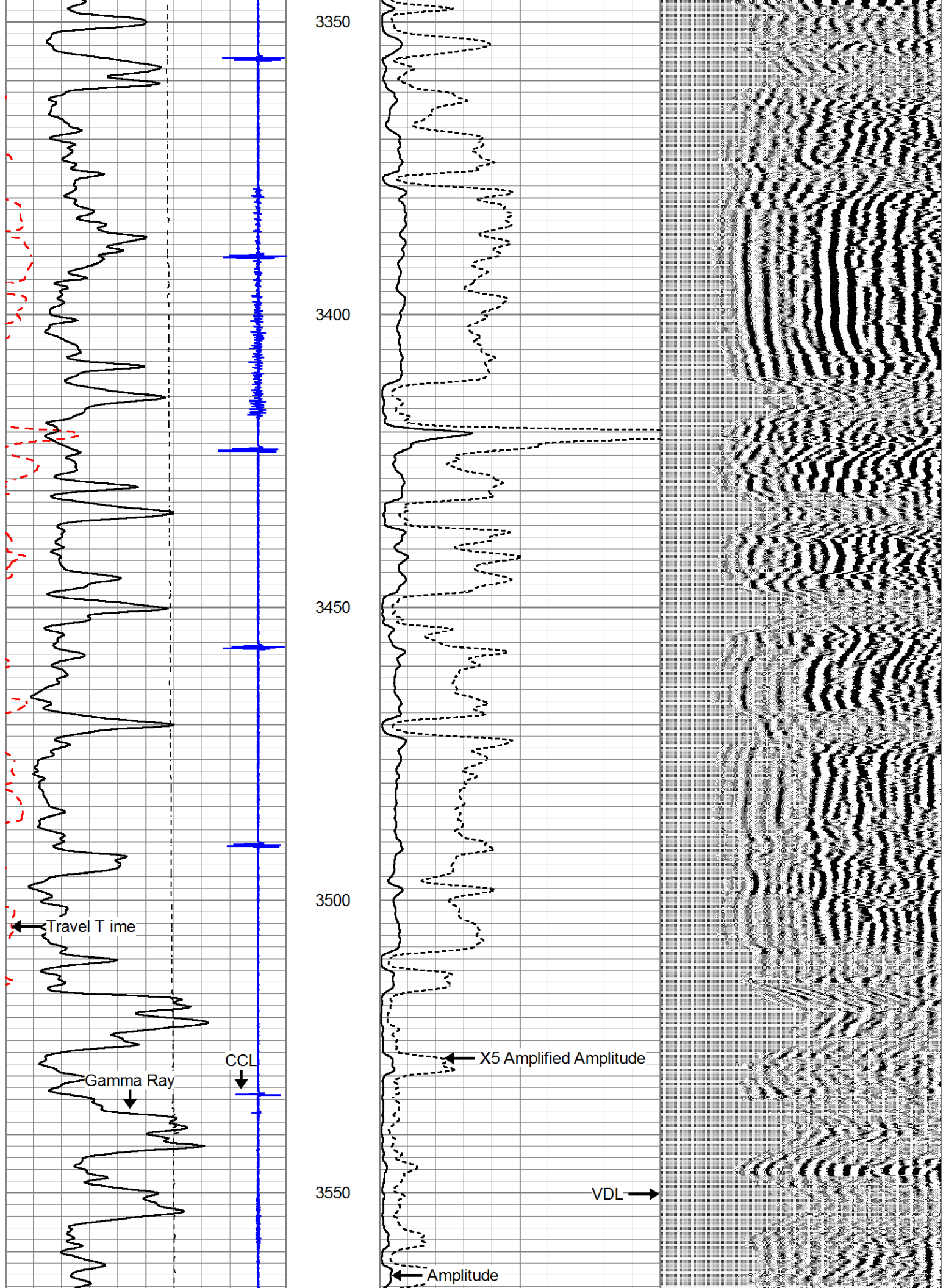
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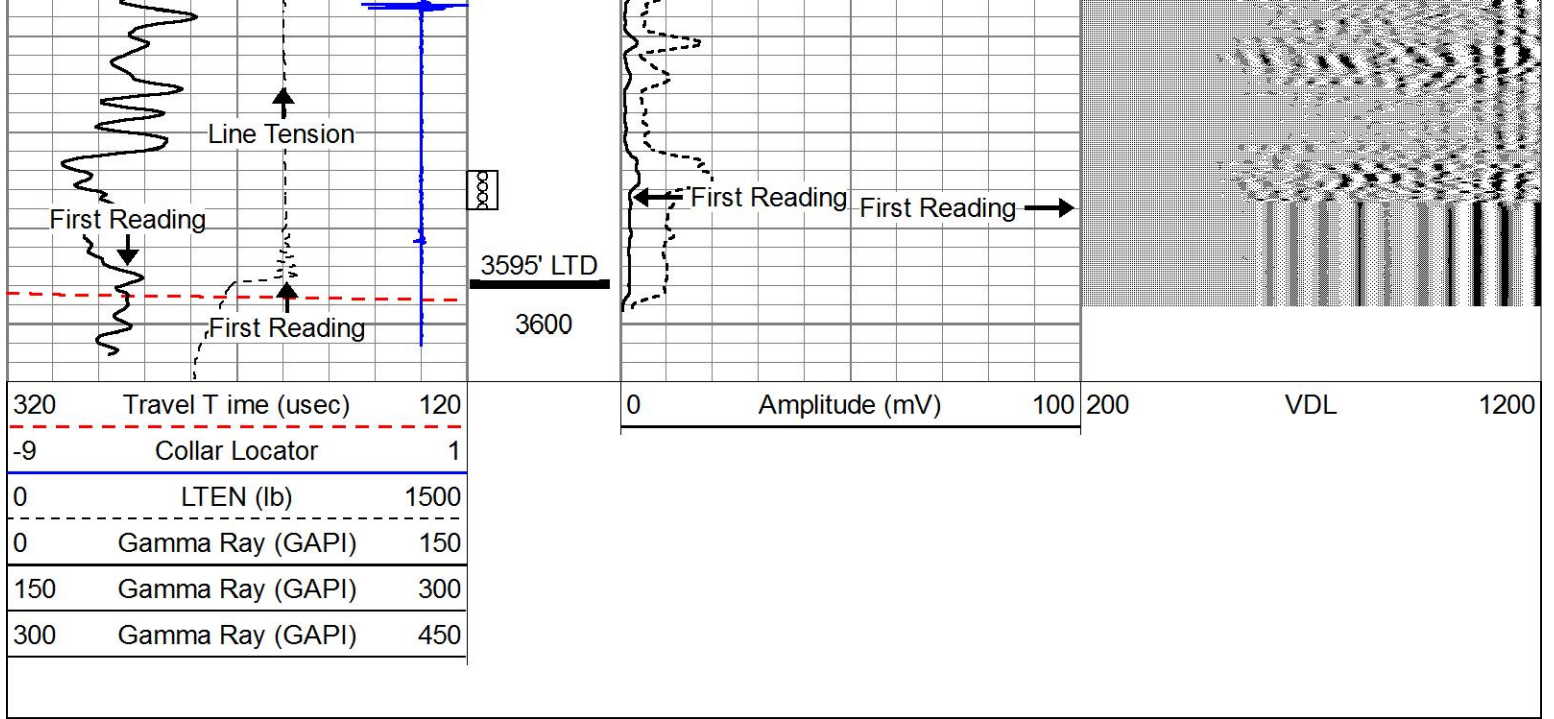






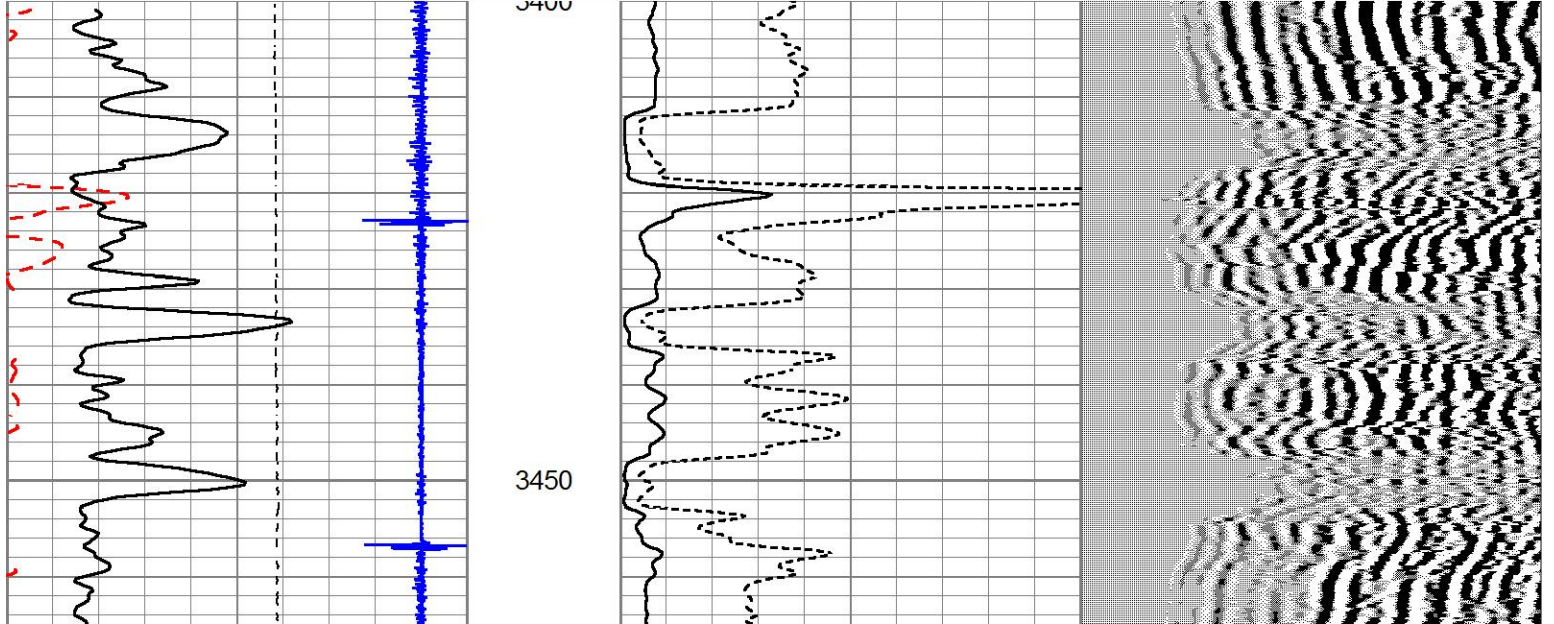
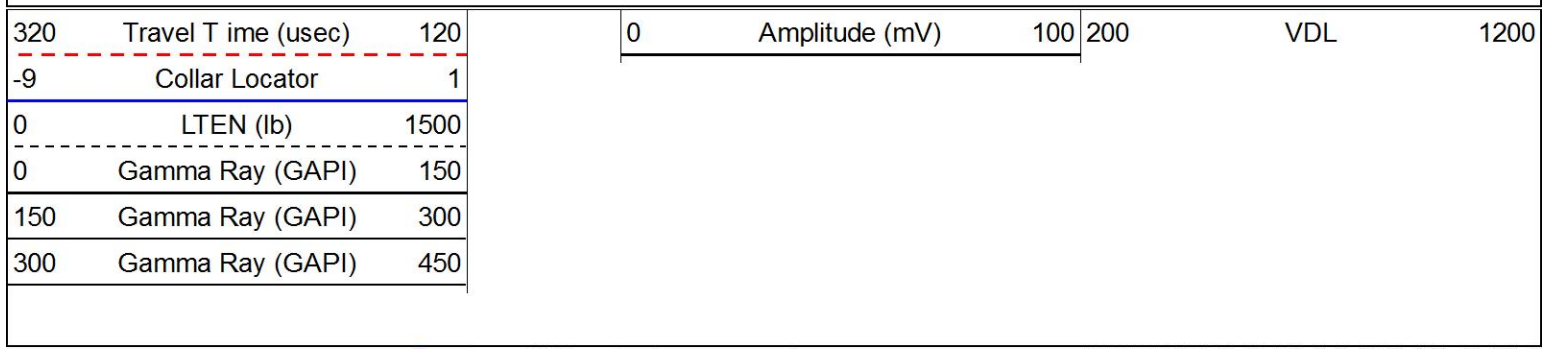


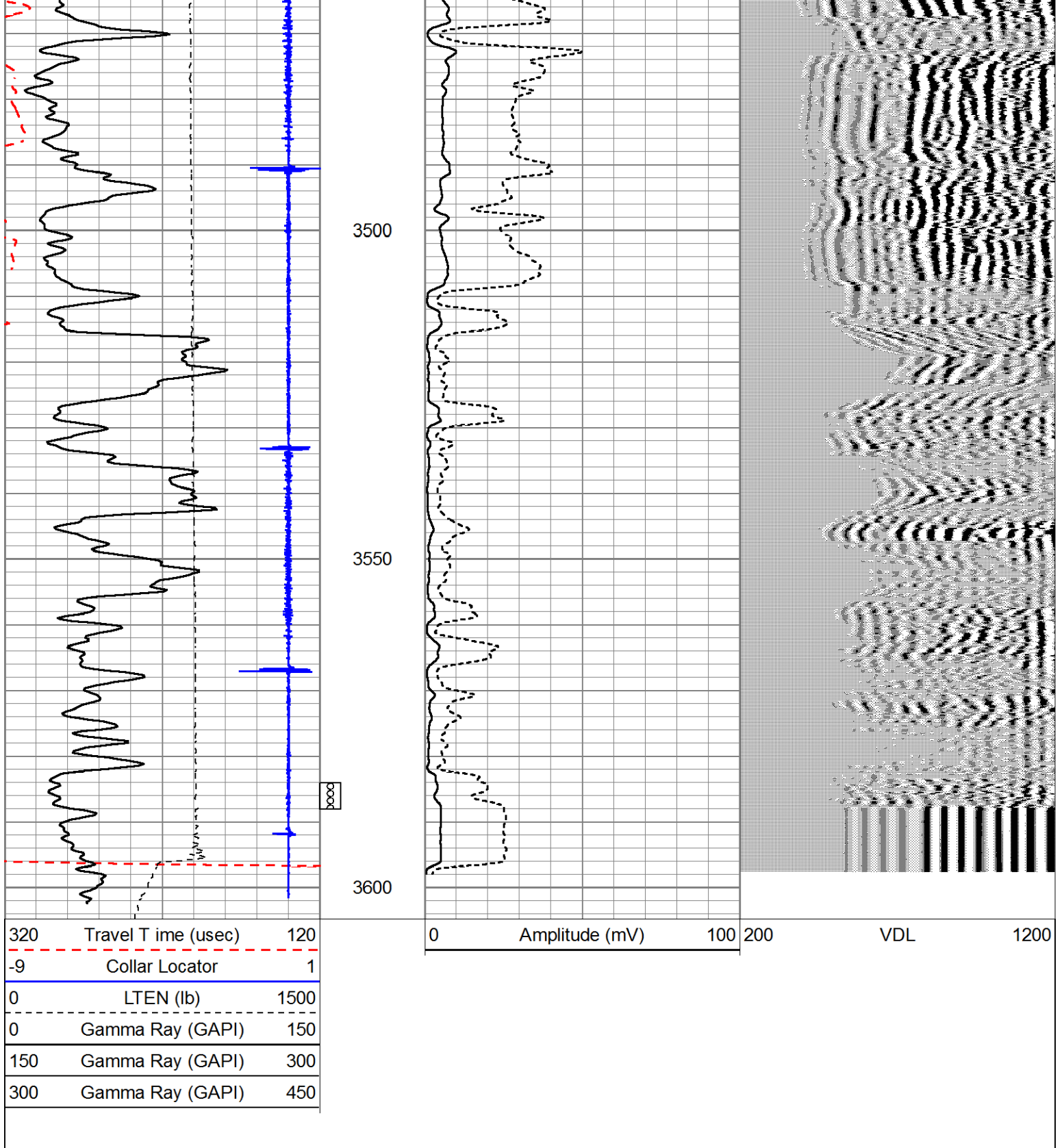




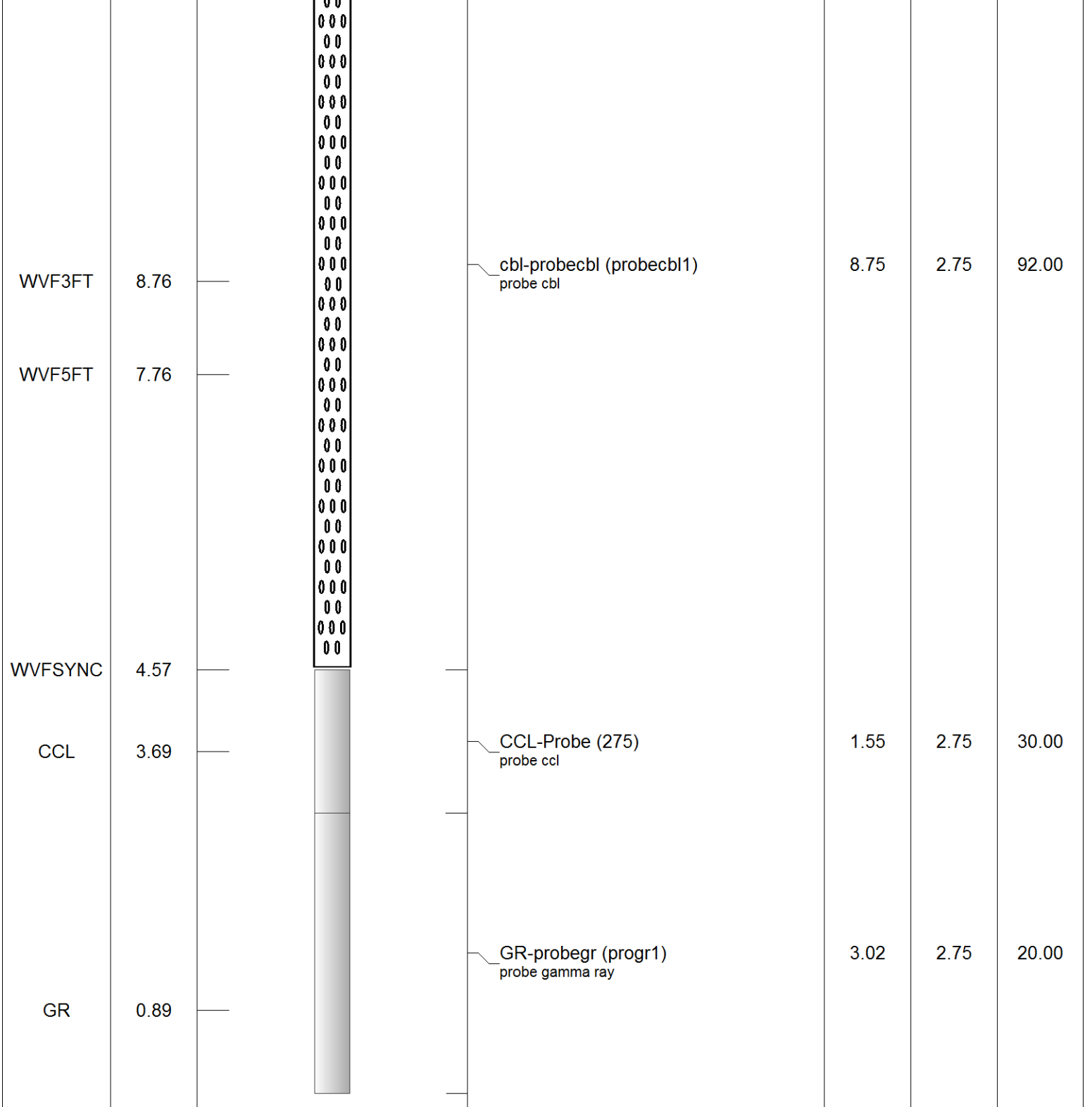
REPEAT SECTION

Database File hiss d.db
 Dataset Pathname pass2
 Presentation Format scbl_dr
 Dataset Creation Wed Jun 15 11:08:55 2016
 Charted by Depth in Feet scaled 1:240





Sensor	Offset (ft)	Schematic	Description	Length (ft)	O.D. (in)	Weight (lb)
			CHD-STNDRD Standard Cable Head	1.00	1.69	10.00



Dataset: his d.db: field/well/run1/pass3
 Total length: 14.32 ft
 Total weight: 152.00 lb
 O.D.: 2.75 in

Summary of Changes

Lease Name and Number: Hiss "D" 1

API/Permit #: 15-009-26120-00-00

Doc ID: 1310541

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	364	465
Approved Date	05/13/2016	07/11/2016
CasingAdd_Type_PctP DF_1	060/40	2% Gel 3%CC
CasingAdd_Type_PctP DF_2	0	2% Gel
CasingNumbSacksUse dPDF_2	0	200
CasingSettingDepthPD F_1	364	367
CasingSettingDepthPD F_2	0	3623
CasingTypeOfCementP DF_2	0	60/40Poz
CasingWeightPDF_2	0	15
Completion Or Recompletion Date	12/12/2016	06/27/2016

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Date Reached TD	12/12/2016	06/04/2016
Date of First or Resumed Production or SWD or Enhr		07/08/2016
Disposition Of Gas - Used on lease	No	Yes
Electric Log Run?	No	Yes
Elogs_PDF		Cement Bond Log
Fluid Mngmt - Chloride Content	00	88000
Fluid Mngmt - County		Barton
Fluid Mngmt - Dewatering Method	Evaporated	Hauled to Disposal
Fluid Mngmt - Fluid Volume	0	600
Fluid Mngmt - Lease Name		Wirtz
Fluid Mngmt - Operator License		31070
Fluid Mngmt - Operator Name		Eagle River Energy
Fluid Mngmt - Permit		E-28319

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fluid Mngmt - Quarter		NE
Fluid Mngmt - Range		12
Fluid Mngmt - Range Direction		West
Fluid Mngmt - Section		33
Fluid Mngmt - Township		19
Kelly Bushing Elevation	0	1902
Method Of Completion - Perf	No	Yes
Perf_Depth_1		3362-3366
Perf_Depth_2		3418-3422
Perf_Depth_3		3452-3456
Perf_Depth_4		3556-3560
Perf_Material_1		500Gal 15%NE
Perf_Material_2		500Gal 15%NE

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_3		500Gal 15%NE
Perf_Material_4		500Gal 15%NE
Perf_Record_1		3362-3366
Perf_Record_2		3418-3422
Perf_Record_3		3452-3456
Perf_Record_4		3556-3560
Perf_Shots_1		4
Perf_Shots_2		4
Perf_Shots_3		4
Perf_Shots_4		4
Producing Method Pumping	No	Yes
Production - Barrels Oil		20
Production - Barrels of Water		200

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Oil Gravity		25
Production Interval #1		3362-3560
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1306292	../../kcc/detail/operatorEditDetail.cfm?docID=1310541
TopsDatum1	0	Attached
TopsDepth1	0	Attached
TopsName1	Anhy	Attached
Total Depth	0	3632
Wellsite Geologist	Mike	Steve Reed

Summary of Attachments

Lease Name and Number: Hiss "D" 1

API: 15-009-26120-00-00

Doc ID: 1310541

Correction Number: 1

Attachment Name

Hiss D Cement Tickets

Hiss D Cement Bond Log