

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1312444

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:			Sec.	TwpS. R	East _ West		
Address 2:			F6	eet from	South Line of Section		
City: S	tate: Zi	p:+	Fe	eet from East / V	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section Co	orner:		
Phone: ()			□ NE □ NV	V □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:	We	ell #:		
New Well Re	-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil         ☐ WSW         ☐ SWD         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW			Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:		
CM (Coal Bed Methane)	dow	iemp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet		
Operator:			If Alternate II completion, of	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:	Original To	otal Depth:					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Manageme	nt Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t				
O constitued and	D		Chloride content:	ppm Fluid volume:	bbls		
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:				
SWD			Location of fluid disposal if	f haulad offsita:			
☐ ENHR			Location of fluid disposal fi	nauled offsite.			
GSW	Permit #:		Operator Name:				
_			Lease Name:	License #:			
Spud Date or Date Rea	ached TD	Completion Date or	QuarterSec	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:					



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.							
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					on (Top), Depth an		Sample
Samples Sent to Geological Survey				Э		Тор	Datum
Cores Taken Yes No Electric Log Run Yes No							
List All E. Logs Run:							
		0.0000					
		CASING Report all strings set-c	RECORD Ne conductor, surface, inte		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 Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Perforate Protect Casing							
Plug Back TD Plug Off Zone							
Did you perform a hydrau	ulic fracturing treatment or	n this well?		Yes	No (If No, ski	o questions 2 an	nd 3)
	· ·	aulic fracturing treatment ex	_			o question 3)	of the ACO 1)
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1)					of the ACO-1)		
Shots Per Foot	Shots Per Foot  PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeez  Specify Footage of Each Interval Perforated  (Amount and Kind of Material Us			d Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil B		Mcf Wate			ias-Oil Ratio	Gravity
DISPOSITION OF CAS.  METHOD OF COMPLETION:  PROPRIOTION WITER AT				ON INTERVAL:			
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:  Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled				ZIN IINI EI IVAE.			
	bmit ACO-18.)	Other (Specify)	(Submit A		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Endeavor Energy Resources, LP
Well Name	STeGMEIR 23-1
Doc ID	1312444

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Type Of Cement	Type and Percent Additives

D INSUFFICIENT FUND	KLWEAL DISCOUNTS DO NOT APPLY TO CHECKS RETURNED	NCES SHOWN ARE ESTIMATES AND SUBJECT TO CHANGE BY ACCOUNTING DEPA			
005LZ119					
	10hh 0 6010 061	DINS MON I +SOJ 1.5.17 10 +05			
	14111 0 10	0 11 1 1 7			
		19/1457 T 48/1/ev			
		T I I I I I I I I I I I I I I I I I I I			
TNUOMA		DESCRIPTION			
	Ket. Customer or Authorized Representative 5				
,,	nphioved.	perforated were designated by me and all depth measurements checked and a have read and understand terms and conditions as outlined on reverse of this tie.			
(SIGNATURE HEREIN IS ACCEPTANCE OF TERMS AND CONDITIONS PRINTED ON REVERSE SIDE)					
on in	Total Sund Shots ord	Operator Riggers Top Of Cement			
, 25	Pluid Level	Casing Size Casing Weight S + Casing Depth 4			
Cacing Size Cacing Weight Series Death English Elvid Cacing Death Elvid State Cacing Cacing Death Elvid Cacing Death Cacin					
371-285-85.335-178					
7M+ OEE P75+ 00h 11:75110 00 C					
	MSMSMS	Confact:			
57	refin Describeon:				
as'	1-57:0N 113461+SO	Invoice Address:			
	Well Name and Number:	Customer Name:  CUSTOMER INFORMATION			
		Date: 4-19-11 ( L.			
0815	Ticket Number: 115-00	11-01 17			

#### CONDITIONS OF THIS CONTRACT

- 1. Elite Wireline, Inc., whose main office is 2749 E. 186th St. N. (P.O. Box 160), Skiatook, OK shall furnish the services and materials and equipment herein set forth upon the terms and conditions below.
- 2. The above signed, as customer, agrees to pay Elite Wireline, Inc. for the services and/or materials ordered hereunder at the address set forth above. Discount terms may be available for prompt payment. Any balance on this account not paid within the term fixed by the invoice shall accrue interest at the rate of eighteen per cent (18%) per annum from the invoice date. In the event that Elite Wireline, Inc. employs an attorney to enforce claims of indebtness against said customer, the customer shall pay all costs of collection including a reasonable attorney fee.
- 3. Elite Wireline, Inc. shall perform the above-described work as an independent contractor. It is understood and agreed that Elite Wireline, Inc. does not guarantee the results of its service and shall not be liable for injury to persons or to property of well owners and/or customers unless the same is caused by Elite Wireline, Inc. willful negligence. This provision applies, but is not limited to, sub surface and/or surface damage arising from sub-surface damage. Well owner and/or customer shall be responsible for and secure Elite Wireline, Inc. against any and all liability incurred for reservoir loss or damage and personal or property damage arising from a well blow-out. The well-owner, customer or drilling company shall pay for the actual tools, instruments or equipment belonging to Elite Wireline, Inc. are lost or destroyed in the rendition of services, customer shall use all reasonable diligence and facilities available to be recover the same. Customer shall reimburse Elite Wireline, Inc. for the reasonable value of any tools, instruments or other personal property belonging to Elite Wireline, Inc. that cannot be recovered within sixty (60) days or the cost of repairing any damage to items recovered.
- 4. Customer agrees that all depth measurements shall be made by it or its employees, and shall be supervised by customer or its employees.
- 5. Customer certifies that it is the owner of the well on which the work herein ordered shall be done and that the well on which the work shall be done is in proper and suitable condition for the performance of said work.
- 6. Customer agrees that the terms and conditions herein set forth constitute the entire agreement and this agreement shall be construed in accordance with the laws of the State of Oklahoma.
- 7. This contract shall be performed in all respect in accordance with the rules and regulations promulgated and published by the Nuclear Regulatory Commission ("NRC"). Customer shall file a Lost Source Agreement with the NRC and in that regard shall make every attempt to retrieve the source or plug the well in accordance with NRC rules and regulations.
- 8. This agreement shall not be modified unless by written amendment executed by the undersigned customer.
- 9. The customer acknowledges that his signature hereon signifies that he has read and understood the terms of this contract.