



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1315067
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: _____

1315067

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Flowing Pumping Gas Lift Other *(Explain)* _____

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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Form	ACO1 - Well Completion
Operator	Mikol Oil LLC
Well Name	TOWNLEY 2-8
Doc ID	1315067

Tops

Name	Top	Datum
Top Anhydrite	1231	+686
Base Anhydrite	1266	+651
Topeka	2806	-889
Heebner	3025	-1108
Toronto	3043	-1126
LKC	3066	-1149
BKC	3321	-1404
Re-worked Arbuckle	3419	-1502
Arbuckle	3433	-1518



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Mikol Oil LLC
 1407 Washington Cir
 Hays Ks 67601
 ATTN: Jason Alm

8-8s-16w Rooks
Townley 2-8
 Job Ticket: 65475 **DST#: 1**
 Test Start: 2016.07.20 @ 11:05:58

GENERAL INFORMATION:

Formation: **LKC A-D**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 13:03:08
 Time Test Ended: 16:23:07
 Interval: **3052.00 ft (KB) To 3145.00 ft (KB) (TVD)**
 Total Depth: 3145.00 ft (KB) (TVD)
 Hole Diameter: 7.85 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ray Schwager
 Unit No: 77
 Reference Elevations: 1917.00 ft (KB)
 1909.00 ft (CF)
 KB to GR/CF: 8.00 ft

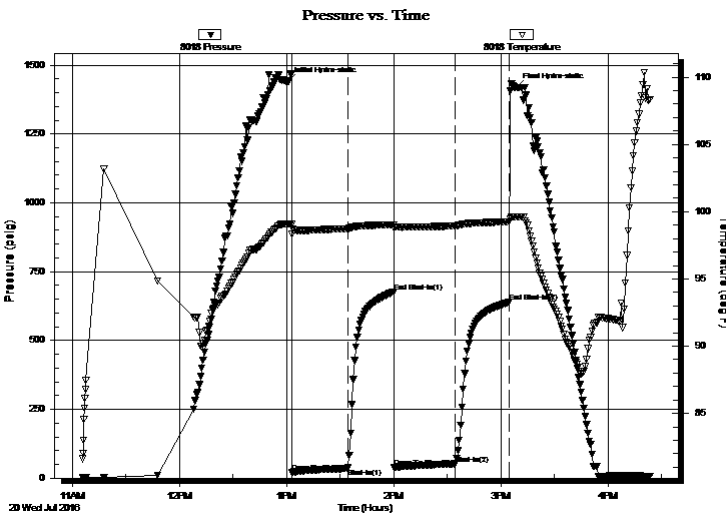
Serial #: 8018

Inside

Press@RunDepth: 51.64 psig @ 3057.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.07.20 End Date: 2016.07.20 Last Calib.: 2016.07.20
 Start Time: 11:05:58 End Time: 16:23:07 Time On Btm: 2016.07.20 @ 13:00:38
 Time Off Btm: 2016.07.20 @ 15:08:23

TEST COMMENT: 30-IFP-w k bl thru-out 1/4"bl
 30-ISIP-no bl
 30-FFP-surface bl thru-out
 30-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1441.41	99.08	Initial Hydro-static
3	21.00	98.36	Open To Flow (1)
34	35.69	98.74	Shut-In(1)
60	677.40	99.04	End Shut-In(1)
60	38.90	98.75	Open To Flow (2)
94	51.64	98.94	Shut-In(2)
124	639.07	99.24	End Shut-In(2)
128	1419.10	99.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	Mud w/ show of oil	0.42

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mikol Oil LLC
1407 Washington Cir
Hays Ks 67601
ATTN: Jason Alm

8-8s-16w Rooks
Townley 2-8
Job Ticket: 65475 **DST#: 1**
Test Start: 2016.07.20 @ 11:05:58

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.20 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	Mud w / show of oil	0.425

Total Length: 60.00 ft Total Volume: 0.425 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Serial #: 8018

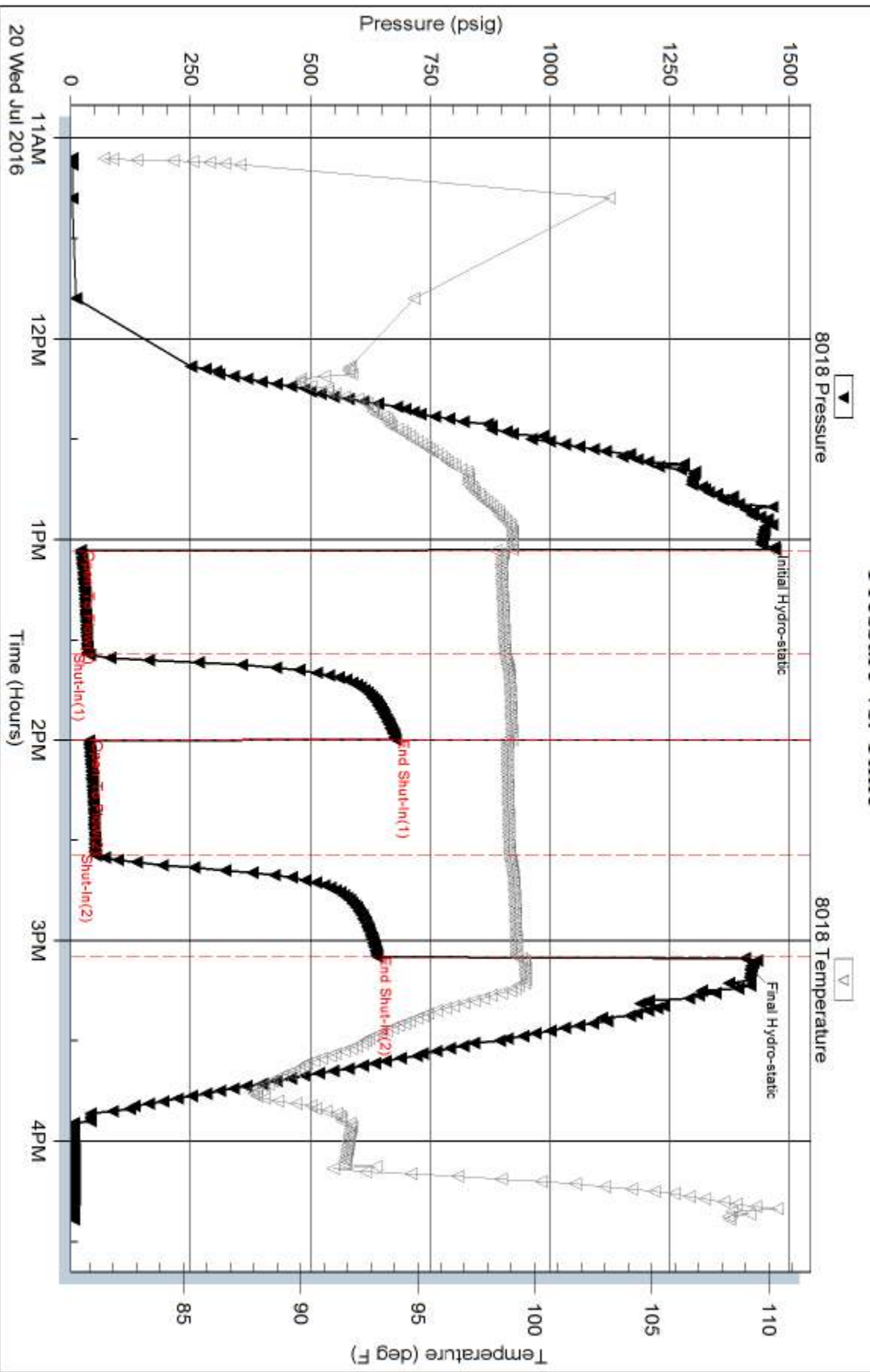
Inside

Mkol Oil LLC

Tow rley 2-8

DST Test Number: 1

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 65475

Printed: 2016.07.20 @ 16:40:25



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Mikol Oil LLC
 1407 Washington Cir
 Hays Ks 67601
 ATTN: Larry Denning, Marc D

8-8s-16w Rooks
Townley 2-8
 Job Ticket: 63051 **DST#: 2**
 Test Start: 2016.07.20 @ 23:40:18

GENERAL INFORMATION:

Formation: **LKC E,F,G**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 01:00:58
 Time Test Ended: 04:36:57
 Interval: **3137.00 ft (KB) To 3185.00 ft (KB) (TVD)**
 Total Depth: 3185.00 ft (KB) (TVD)
 Hole Diameter: 7.85 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ray Schwager
 Unit No: 77
 Reference Elevations: 1917.00 ft (KB)
 1909.00 ft (CF)
 KB to GR/CF: 8.00 ft

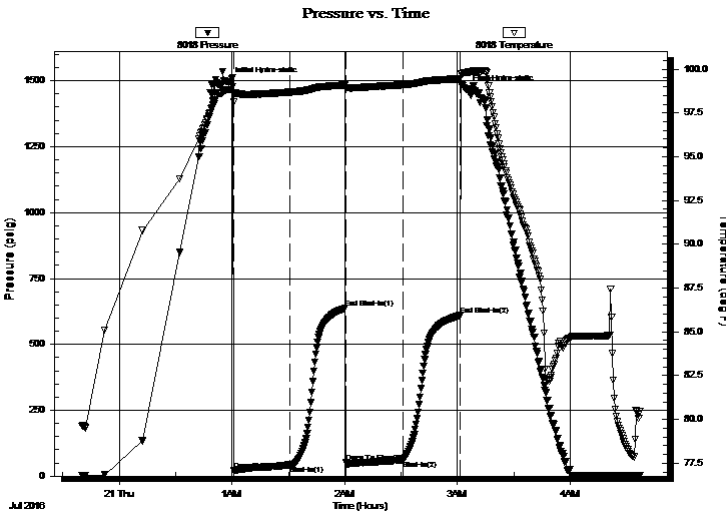
Serial #: 8018

Inside

Press@RunDepth: 60.96 psig @ 3149.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.07.20 End Date: 2016.07.21 Last Calib.: 2016.07.21
 Start Time: 23:40:18 End Time: 04:36:57 Time On Btm: 2016.07.21 @ 00:58:13
 Time Off Btm: 2016.07.21 @ 03:04:43

TEST COMMENT: 30-IFP-w k bl thru-out 1/4" to 1 1/4" bl
 30-ISIP-no bl
 30-FFP-w k bl thru-out surface to 1 1/4" bl
 30-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1496.59	98.82	Initial Hydro-static
3	21.31	98.12	Open To Flow (1)
33	43.04	98.69	Shut-In(1)
62	636.80	99.09	End Shut-In(1)
63	51.06	98.90	Open To Flow (2)
93	60.96	99.10	Shut-In(2)
124	609.82	99.45	End Shut-In(2)
127	1468.17	99.81	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
1.00	CO	0.01
10.00	HOCM 40% O60%M	0.07
60.00	O&GCM 10% G20% O70%M	0.42

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mikol Oil LLC
1407 Washington Cir
Hays Ks 67601
ATTN: Larry Denning, Marc D

8-8s-16w Rooks
Townley 2-8
Job Ticket: 63051 **DST#: 2**
Test Start: 2016.07.20 @ 23:40:18

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.20 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	CO	0.007
10.00	HOCM 40%O60%M	0.071
60.00	O&GCM 10%G20%O70%M	0.425

Total Length: 71.00 ft Total Volume: 0.503 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

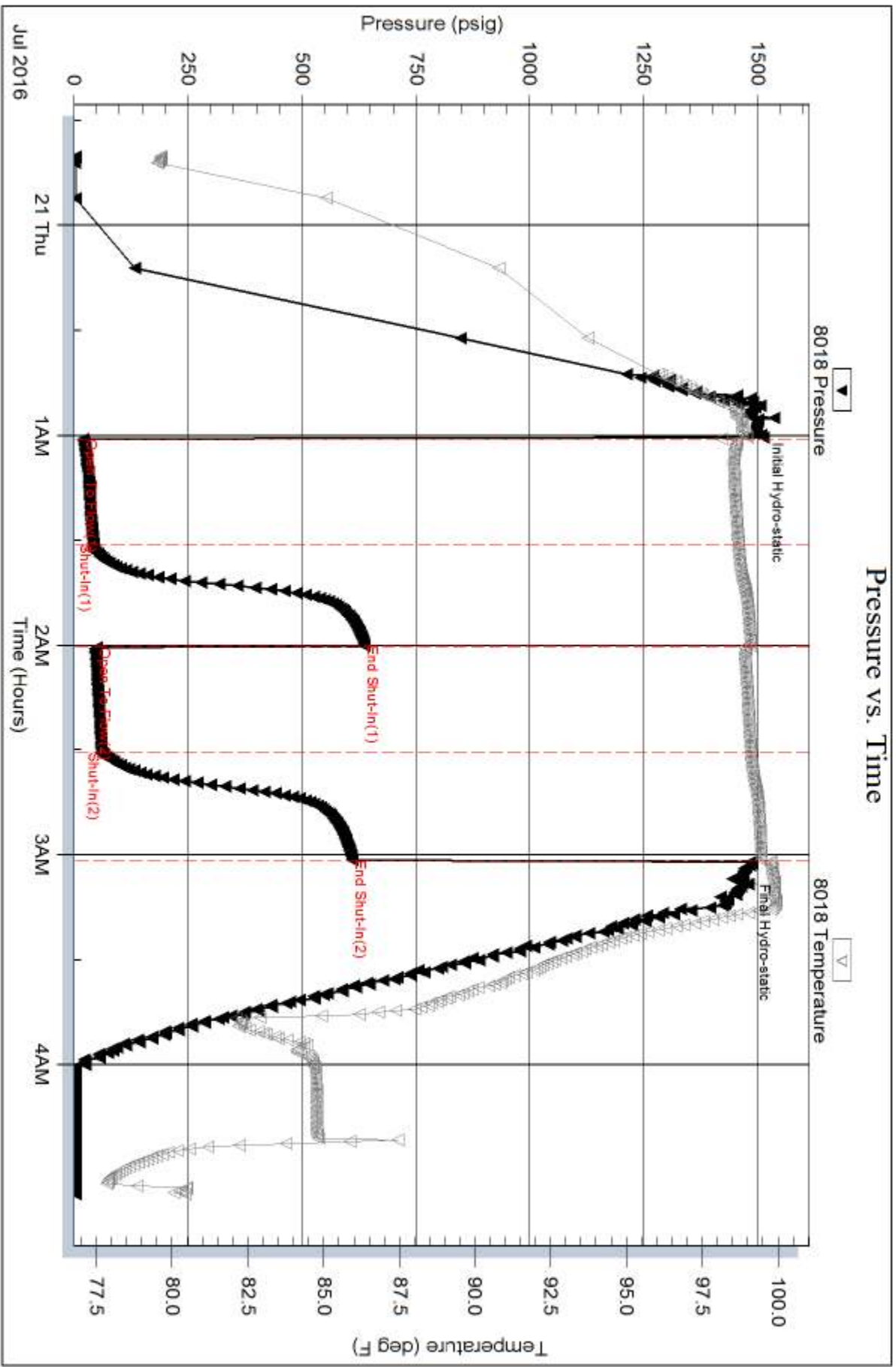
Serial #: 8018

Inside

Mkol Oil LLC

Tow nley 2-8

DST Test Number: 2



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1871

Date	7-17-16	Sec.	8	Twp.	8	Range	16	County	Rooks	State	KS	On Location		Finish	8:00 AM
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Location Plainville 9E 26 Rd 8N PRd

Lease Townley Well No. 2-8 Owner IE N into

Contractor Discovery #2 To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job Surface Charge To Mikol oil

Hole Size 12 1/4 T.D. 221

Csg. 8 5/8 Depth 221 Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 20' Shoe Joint Cement Amount Ordered 150 8/20 3 3/8 cc 2 3/8 gal

Meas Line Displace 12 3/4 bbl

EQUIPMENT Common 120

Pumptrk 20 No. Cementer Helper Brett Poz. Mix 30

Bulktrk 15 No. Driver Driver Doug Gel. 3

Bulktrk No. Driver Driver Calcium 6

JOB SERVICES & REMARKS Hulls

Remarks: Salt

Rat Hole Flowseal

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Handling 159

Mileage

Cement Circulated!!

FLOAT EQUIPMENT

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge Surface

Mileage 4¢

X Signature [Signature] Tax Discount Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7818

Date <i>7-22-16</i>	Sec. <i>8</i>	Twp. <i>8</i>	Range <i>16</i>	County <i>Rooks</i>	State <i>Ks</i>	On Location	Finish <i>12:30 PM</i>
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Lease *Townley* Well No. *2-8* Location *Natoma W to 26th Rd* Owner *ONIE*

Contractor *Discovery 2* To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job *plug* Charge To *Mikel Oil*

Hole Size *7 7/8* T.D.

Csg. Depth Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered *350 40 4% gel 1/4 H₂O*

Meas Line Displace

EQUIPMENT				Common
Pumptrk <i>20</i>	No.	Cementer <i>Brett</i>		<i>210</i>
		Helper		
Bulktrk <i>4</i>	No.	Driver <i>Dave</i>		Poz. Mix <i>140</i>
		Driver		Gel. <i>12</i>
Bulktrk	No.	Driver		Calcium
		Driver		

JOB SERVICES & REMARKS

Remarks: Hulls

Rat Hole *— 30 SK* Salt

Mouse Hole *— 15 SK* Flowseal *87#*

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

1st plug 3417 50 SK Handling *362*

2nd plug 1250 50 SK Mileage

3rd plug 725 100 SK FLOAT EQUIPMENT

Guide Shoe

Centralizer

Baskets

4th plug 275 50 SK AFU Inserts *1 Dry Hole plug*

5th 50 SK to 40' Float Shoe

Latch Down

Pumptrk Charge *plug*

Mileage *40*

Signature *[Signature]* Tax

Discount

Total Charge