Confidentiality Requested: Yes No

Kansas Corporation Commission 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 #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R 🔲 East 🗌 West			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name: Producing Formation:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW ☐ Temp. Abd.	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? 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	Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls			
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	QuarterSecTwpS. R East West			
Recompletion Date Recompletion Date	Countv: 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 Approved by: Date:				



CORRECTION #1

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 L				on (Top), Depth an		Sample	
Samples Sent to Geo	logical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		0.0000					
		CASING Report all strings set-o	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 fractur	ring treatment information	submitted to the chemical of	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 (Amount and Kind of Material Used) 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
DISPOSITIO	DISPOSITION OF CAS. METHOD OF COMPLETION: PROPRIETION 11775141					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	Samuel Gary Jr. & Associates, Inc.
Well Name	DON ET AL 1-6
Doc ID	1315724

Casing

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

Summary of Changes

Lease Name and Number: DON ET AL 1-6

API/Permit #: 15-137-20705-00-01

Doc ID: 1315724

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value	
Approved Date	08/25/2016	08/30/2016	
Date of First or Resumed Production or		11/14/2014	
SWD or Enhr Method Of Completion - Perf	No	Yes	
Producing Method Pumping	No	Yes	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13	//kcc/detail/operatorE ditDetail.cfm?docID=13 15724 3838	
Tubing Set At	15263		
Tubing Size		2.875	