Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1320743

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.xxxx) (e.gxxx.xxxx)
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:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) 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:	
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	Drilling Fluid Management Plan (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 #:	Operator Name:
GSW Permit #:	Operator Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. 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	1320743
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS, Chow important tang of formations populated	Dotail all coros Roport all	final conject of drill stome tasts giving interval tasted, 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 Sheets)		Yes No	L	og Formatio	on (Top), Depth a	nd Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		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 Ton Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

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

No

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

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

(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					ļ		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R		No	
Date of First, Resumed	d Product	ion, SWD or ENH	٦.	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSIT	ION OF C	BAS:		.					PRODUCTION IN	TERVAL:
Vented Sol	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Uually (Submit)	Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC)-18.)		Other (Specify)				. ,		

Form	ACO1 - Well Completion
Operator	Rockin G. Energy, LLC
Well Name	RGE BRUNSWIG SWD 1
Doc ID	1320743

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	264	Class A Neat		3%Cacl 2%gel
Production	7.75	5.5	17	3550	multi density	360	3%kcl

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	or 800-467-8676	CEMEN		······································		1
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<u>_</u>	Cell Services	•	TRUCK #	DRIVER	TRUCK #	DRIVER
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	HOLE SIZE	<u>77/9</u> HOLE DEPTI	H 3570	CASING SIZE & V	Weight5	1/2-17#
ASING DEPTH	35.56 DRILL PIPE	TUBING	."		OTHER	
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CODE 20453 2007 20710 205800 2058 55 20675	19,27 19,27 100 sks 310 sks 155 #	PUMP CHARGE MILEAGE Ton Milerso De Class A Multi-alensity Flu-Sect	elivery	<u>†_)</u> _ {+-+ ODUCT	Cre, / UNIT PRICE 2,800 ²⁰ 7715 1 <u>75</u> 20 ⁰⁰ 2000	2,800 5362 2,5292 2000 8,370 46500
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CODE 20453 2007 20710 205800 2058 55	19,27 19,27 100 sks 310 sks 155 #	PUMP CHARGE MILEAGE Ton Milegon De Class A Multi-density Flu-Soci Muco Flush	aliuan <u>1</u> <u>A</u>	<u>†_)</u> _ {+-+ ODUCT	$\frac{Cre, 1}{UNIT PRICE}$ $\frac{2,800^{-00}}{7,15}$ $\frac{1.25}{1.25}$ $\frac{20^{-00}}{2,700}$ $\frac{200}{3,00}$	2,800 5363 2,529 ² 2000 8,370 46500
CODE 20453 20002 200710 205800 2058 55 206075	19,27 19,27 100 sks 310 sks 155 #	PUMP CHARGE MILEAGE Ton Milegon De Class A Multi-density Flu-Soci Muco Flush	eliwany	<u>†_]~</u> [/ - ≼ ODUCT	$\frac{Cre, 1}{UNIT PRICE}$ $\frac{2,800^{-00}}{7,15}$ $\frac{1.25}{1.25}$ $\frac{20^{-00}}{2,700}$ $\frac{200}{3,00}$	2,800 5363 2,529 ² 2000 8,370 46500
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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	ONSOLIDATED OIL WAIL Services, LLC					TICKET NUMBER 51460			
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Tacknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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