

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1322380

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: State: Zip:+ | 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) | | | | |
| Wellsite Geologist: | Datum: NAD27 NAD83 WGS84 | | | | |
| Purchaser: | County: | | | | |
| Designate Type of Completion: | Lease Name: Well #: | | | | |
| New Well Re-Entry Workover | Field Name: | | | | |
| ☐ Oil ☐ WSW ☐ SWD ☐ SIOW | Producing Formation: | | | | |
| ☐ 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? | | | | |
| 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 Paymit #: | Chloride content: ppm Fluid volume: bbls | | | | |
| Commingled 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 | Quarter Sec TwpS. R | | | | |
| 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 Approved by: Date: | | | | | |



| Operator Name: | | | Lease Name: _ | | | Well #: | |
|--|-----------------------------|---|--------------------------|--|----------------------|---------------------------------|-------------------------------|
| Sec Twp | S. R | East West | County: | | | | |
| open and closed, flow | ring and shut-in pressu | ormations penetrated. Eures, whether shut-in predict final chart(s). Attach | essure reached stati | c level, hydrosta | atic pressures, bott | | |
| | | otain Geophysical Data a or newer AND an image | | ogs must be ema | ailed to kcc-well-lo | gs@kcc.ks.go | v. Digital electronic log |
| Drill Stem Tests Taken (Attach Additional S | | Yes No | | | on (Top), Depth an | | Sample |
| Samples Sent to Geol | logical Survey | Yes No | Nam | е | | Тор | Datum |
| Cores Taken Electric Log Run | | Yes No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | CASING | RECORD Ne | ew Used | | | |
| | | | conductor, surface, inte | | ion, etc. | | |
| Purpose of String | Size Hole Drilled | | | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | ADDITIONAL | CEMENTING / SQL | JEEZE RECORD | | | |
| Purpose: Perforate Protect Casing Plug Back TD Depth Top Bottom Type of Cement # Sacks Used Type and Percent Additive | | | ercent Additives | | | | |
| Plug Off Zone Did you perform a hydrau | ulic fracturing treatment o | n this well? | | Yes | No (If No, ski | p questions 2 aı | nd 3) |
| Does the volume of the to | otal base fluid of the hydr | aulic fracturing treatment ex | _ | = : | No (If No, ski | p question 3) out Page Three | |
| Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/T Specify Footage of Each Interval Perforated | | | s Set/Type forated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: | Yes No | | |
| Date of First, Resumed | Production, SWD or ENH | HR. Producing Meth | | Gas Lift (| Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil E | Bbls. Gas | Mcf Wate | er B | bls. G | as-Oil Ratio | Gravity |
| DISPOSITIO | ON OF GAS: | Open Hole | | Comp. Comp. | mmingled | PRODUCTIO | ON INTERVAL: |
| | bmit ACO-18.) | Other (Specify) | (Submit) | 4CO-5) (Sub | omit ACO-4) | | |

| Form | ACO1 - Well Completion | | | | |
|-----------|------------------------|--|--|--|--|
| Operator | Fossil Resources LLC | | | | |
| Well Name | NELSON SWD | | | | |
| Doc ID | 1322380 | | | | |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | | Type and Percent Additives |
|----------------------|----------------------|-----------------------|--------|------------------|-------------------|-----|----------------------------------|
| Production | 7.875 | 5.5 | 15.5 | 2426 | MD 1A | 525 | 1/4# FS/sk |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



| TICKET NUMBER | 51579 | |
|---------------|------------|--|
| LOCATION O | alle Ks | |
| FOREMAN Wo | alt Dinkel | |

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

| 620-431-9210 | or 800-467-8676 | 5 | | CEMENT | and the same of th | | | |
|-----------------|-----------------|--|-------------------|---------------|--|-----------------------|-------------------|------------------|
| DATE | CUSTOMER# | WELL | NAME & NUM | IBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 9-1-16 | inoquas bus | Nels | 04 50 | WD | 4 | 135 | 364 | Logan |
| CUSTOMER | 1 0 | COWS is unab | ed by others, | Winona | | | | |
| MAILING ADDRE | 5511 he | Sources | <u>mi mario y</u> | 7- West | TRUCK# | DRIVER | TRUCK# | DRIVER |
| MAILING ADDITE | | | | 3-5001 | 753 | miles | Shaw | WOO HOVE |
| CITY | -1 | STATE | ZIP CODE | | 566 | Walt L | lukel. | |
| copt where | | OTATE STATE OF THE | ZII OODL | 228 | 11/2-1/29 | Kielh & | CVS Well | eft a vermottu |
| JOB TYPE | rod | HOLE SIZE | 77/8 | _ HOLE DEPTH | ded to the gues | CASING SIZE & W | EIGHT 5 | 6 11 |
| CASING DEPTH | 2426 | DRILL PIPE | STATES TO SECUL | _TUBING | paid to offices | es required to be | OTHER | price All pro |
| SLURRY WEIGH | IT | SLURRY VOL_ | WATER gal/sk C | | | CEMENT LEFT in CASING | | |
| DISPLACEMENT | 56 3/4 | DISPLACEMEN | T PSI | MIX PSI | | RATE 5 B | Pm | All COMS 1 |
| REMARKS: | aFet Y | Mootine | Rich | Don F | ickyd #10 | Huok | un to cas | ins |
| CHC 1 | bottom | Drop to | Il For | Packer Sh | ice set | Tool 2 4 | 00# | 2.407.474.00 |
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| mixed | 395 51 | es mult | 1-Donsi | £ 211 | # and | 100 564 2 | 144 0 | lear |
| Pump 1 | -Lines D | Displace | 566 F | BC HOO | D 800# | Landor 1 | Plus 21 | 300# |
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| AUTHORIZTION | 2 A | | | TITLE | | | DATE | |

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.