

Co	nfiden	tiality	/ Requested:
	Yes	N	lo

Kansas Corporation Commission Oil & Gas Conservation Division

1322787

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 North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	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:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	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:					
open and closed, flow	ring and shut-in pressu	ormations penetrated. Dres, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott			
		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 Taker (Attach Additional		Yes No		Log Formation (Top), Depth and Datum 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		N RECORD - Bridge Plug potage of Each Interval Perf			cture, Shot, Cement mount and Kind of Ma		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	
DISPOSITIO	ON OF GAS:	, and a second	METHOD OF COMPLE	TION		PRODI ICTIC	ON INTERVAL:	
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled	THODOUTIC	ZIN IINI ELIVAE.	
	bmit ACO-18.)	Other (Specify)	(Submit A		mit ACO-4)			

Form	ACO1 - Well Completion
Operator	R & W Energies, a General Partnership
Well Name	GRAY-DIVINE #4
Doc ID	1322787

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	42	common	3% calcium

810 E 7TH PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report
Ticket No. 3048
Foreman Kevin Mc Coy
Camp Eureka

Date	Cust. ID#	Lease	e & Well Number		Section	To	wnship	Range	County	State
11-19-16			DIVINE #4		24		735	9E	6ω	1/5
Customer	70	•		Safety	Unit#		Driv		Unit #	Driver
REU	U ENERG	162		Meeting	104		Alan			
Mailing Address 403	v	AM	7/3		0/600	,.				
City EUREK	,	State	Zip Code 67045							
Job Type P.7	A. New	Hole Dep	th 2200'		Slurry Vol				Tubing	
Casing Depth_		Hole Siz	re 77/8"		Slurry Wt				Drill Pipe	
Casing Size & V	Vt	Cement L	eft in Casing		Water Gal/SK Other				Other	
Displacement_		Displace	ement PSI		Bump Plug toBPM					
Remarks: <u>S</u>	Fety Me	eting: Ri	g up to 41/2	DRICE	- pipe. Sp	007	Cemer	st Plug	gs As Follow	wing.
			15 sks @	2158	BV					
			15 SKS @							
		*	15 SKS @	1121	Douglas					
	×		120 SKS 25					-		
			×							

Code	Qty or Units	Description of Product or Services	Unit Price	Total
103	1	Pump Charge	1050.00	1050.00
107	15	Mileage	3.95	59.25
C 203	165 SKS 570 #	60/40 POZMIX CEMENT GEL 4%	12.75	2103.75
: 108 A	7.10 Tons	Ton Mileage	M/c	345.00
		THANK YOUM	Sub TotAL	3672.00
		—M— 7.5%	Less 5% Sales Tax	191.92
A - 41	I WITNES	sed By Dave Farthing Title Contractor	Total	3646.41

810 E 7TH PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report

Ticket No. ______ **3042**

Foreman Russell mccoy

Camp Eureka

Date	Cust. ID#	Leas	e & Well Number		Section	To	wnship	Range	е	County	State
11-14-16	1090	Gray	Divine	4	24	2	3	9		G.W.	KS
Customer				Safety	l Init #		Dri	ver		Unit #	Driver
R+W	ENRIGH			Meeting							
Mailing Address	. V .			RM	104			UM			
403 N	J Myr	tle		Ala N Kein	112		Kei	viol	-		
City		State	Zip Code	1					-		
EUTEKA	4	KS	67045								
			oth 42		Slurry Vol	10	861		Tubin	ng	
Casing Depth	40	Hole Siz	re 1274		Slurry Wt	14	1.8		Drill F	Pipe	
Casing Size & V	vt. 898	Cement L	eft in Casing 10	*	Water Gal/SK		6		Other	r	
Displacement	2 3/4	Displace	ement PSI		Bump Plug to BPM						
Remarks: S	Afety 1	Neeting	Rig to B	5/8	WASH I) c u	in ci	Asing	+	SPOT O	OllAr
G.L. M	ix + f	P. mp 740	5 SK's class	S A e	4 3%	cc	74#	F)oce	10	DISPINO	e w/
234 36	i Good	cement	Return's	MAG	UP Flow	2):tch	to	€K.	ept An	NUMS
Full Job					,						
				400	1		-				
	,	-			CLEM						

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-101	, i	Pump Charge	846.00	840.00
C-107	15	Mileage	3.95	59.25
101				600
	3			
C-200	40	SKS CIASS A CEMENT	15.00	600.00
L-205	40	CALIZ = 32	.60	45.00
6-209	10#	CALIZ = 3 % Flocele 14 # for SK	2-25	22.50
C-108A	1.88	TON TON Milenge	250.00	250-00
		60-100 241		
		5% (93.34)		
		\$ M13.47	01-71	
		4 1110.41	Sub TUTA!	1816.75
			Sales Tax	50.06
Authoriz	ation by D	are Farthing Title Drig Contraction	Total	18/26/81