### KOLAR Document ID: 1321230

Confiden	tiality Requeste	d:
Yes	No	

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION** 

Form ACO-1 January 2018 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.:
Name:	Spot Description:
Address 1:	
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: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	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 EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion         Permit #:           SWD         Permit #:	Location of fluid disposal if hauled offsite:
EOR         Permit #:	Location of huld disposal in hadred offsite.
GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached 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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

### KOLAR Document ID: 1321230

Operator Nam	ne:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

**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 Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (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	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		Bollom		
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Iantha Resources LLC
Well Name	MINCKLEY 1 INJ.
Doc ID	1321230

# Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	35	22	Portland	6	0
Production	5.875	2.875	8.7	750	Poz 50/50 mix	126	3.2



**Operator:** lantha Resources, LLC Garnett, KS

# Minckley #1 Inj.

Anderson Co., KS 3-23S-19E API: 003-26540

Spud Date:	9/22/2016	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.3'	Longstring:	750.0'
Surface Cement:	6 sx	Longstring Date:	9/23/2016
Longstring:	2 7/8 EUE API		

		Driller's	s Log
Тор	Bottom	Formation	Comments
0	2	Soil	
2	13	Clay	
13	18	Sand	Hard
18	58	Shale	
58	60	Lime	
60	113	Shale	
113	150	Lime	
150	175	Shale	
175	178	Bl. Shale	
178	189	Lime	
189	216	Shale	
216	276	Lime	
276	282	Bl. Shale	
282	301	Lime	
301	307	Bl. Shale	
307	325	Lime	
325	497	Shale	
497	507	Lime	
507	518	Shale	
518	533	Lime	
533	541	Shale	
541	545	Lime	
545	571	Shale	
571	594	Sandy Shale	<b>;</b>

		Minckle	y #1 lnj.
504	500	Anderso	n Co., KS
594	596	Coal	
596	603	Shale	Muddy
603	613	Lime	
613	625	Shale	
625	630	Lime	
630	634	Bl. Shale	
634	645	Shale	
645	678	Lime	
678	682	Shale	
682	685	Shale	
685	690	Bl. Shale	
690	696	Lime	
696	698	Coal	
698	701	Shale	Muddy
701	711	Sand	Good oil show, see below
711	720	Sandy Shale	No show
720	762	Shale	
762		TD	

### Sand Detail

- 701-705 Sand w/sandy shale, fair oil saturation, fair odor
- 705-711 Good sand with good oil saturation, good bleed and odor
- 711-720 Sandy shale w/some sand, poor saturation in top, no show past 711

3613A Y Road Madison, KS 66860 Ph: 620-437-2661 Fax: 620-437-2881

HURRICANE SERVICES INC

104 Prairie Plaza Parkway Garnett, KS 66032 Ph: 785-448-3100 Fax: 785-448-3102

MC ID# 165290

Remit to: Hurricane Services, Inc. 250 N. Water, Suite 200 Wichita, KS 67202

48-1214033

FED ID#

Customer: IANTHA RESOURCES LLC 21517 NW 1650 RD GARNETT, KS 66032	Invoice Date: Invoice #: Lease Name: Well #: County:		9/23/2016 0023957 MINKLEY INJ 1 IDERSON
Date/Description	HRS/QTY	Rate	Total
Ticket 100807 Longstring	0.000	0.000	0.00
Pump truck #201	1.000	675.000	675.00
Vac truck 104 (C)	1.000	84.000	84.00
Cement Pozmix 50/50	126.000	11.300	1,423.80 T
Bentonite Gel	512.000	0.300	153.60
Pheno Seal	32.000	1.700	54.40
80bbl Vac Truck #109	1.000	84.000	84.00
City water	3,000.000	0.013	39.00
Top rubber plug 2 7/8"	1.000	30.000	30.00 T
Bid price	1.000	363.450-	363.45-T
Bid price	1.000	133.000-	133.00-

Net Invoice	2,047.35
Sales Tax: (8.00%)	87.23
Total	2,134.58

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!



250 N. Water, Ste 200 - Wichita, Ks 67202

## HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	IANTHA R	ESOURCES			stomer Name:			Ticket No.:		1008	07
Address:					AFE No.:			Date:	9/23/2016		
					Job type	LONGSTRING					
City, State, Zip:					s 3/23S/19E						
	MADISON, KANSAS							40			
Woll name & No.	MINKLEY #1 INJECTION			Well Location:	COLONY	OLONY County: ANDERSON Stat					
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CAL	LED			PN	
25	JAKE					ARRIVED AT				PN AM	16:15
201	JERRY					START OPE		PN 1t			16:45
202	KEVIN						SH OPERATION			AV AV	17:35 18:00
109	RON						ELEASED PW			20	
******		J		Tr	eatmont Summary						
SAFETY MEETI PUMP 126 SAC 30 MIN AND RE	KS OF CEM	MENT. STOP V	<b>VASH PUI</b>	MP AND LINES	S AND DRC 1 UP AND F	PPLUG. DIS	PLACE 4.75 E	3BL TO BUMP	BL DYED V PLUG. HE	VATER ELD 10	R, MIX AND 00PSI FOR
Product/Service	a barren a barren				Unit of Measure	Quantity	List Price/Unit	Gross Amount	eller av her	Sec.	Net Amount
Code	Cement P			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ea	1.00	\$675.00	\$675.00			\$506.25
C20103 C00104		Fon Mile Charge	o		ea	1.00	\$300.00	\$300.00			\$225.00
P01604		mix Cement			sack	126.00	\$11.30	\$1,423.80			\$1,067.85
P01607	Bentonite				lb	212.00	\$0.30	\$63.60			\$47.70
P01607	Bentonite	Gel			lb	300.00	\$0.30	\$90.00			\$45.00
P01618	Pheno Sea	al			lb	32.00	\$1.70	\$54.40			\$40.80
C10900	Vacuum T	ruck 80 bbl			hr	1.00	\$84.00	\$84.00			\$63.00
P02000	H2O				gal	3,000.00	\$0.01	\$39.00			\$29.25
P01631	Rubber Plu	.ıg 2 7/8			ea	1.00	\$30.00	\$30.00			\$22.50
TERMS: Cash in advan terms of sale for approv of invoice. Past due acc month or the maximum tesser amount. In the ev collection of said accour such collection. In the or right to revoke any and i	ed accounts are ounts may pay in allowable by app rent it is necessant, Customer her vent that Custom all discounts pre	total invoice due on o interest on the balance plicable state or federa ry to employ an agenc reby agrees to pay all her's account with HSI viously applied in arriv	r before the 30 past due at the al laws if such I cy and/or attorn fees directly or becomes delir ring at net invo	th day from the date a rate of 1 %% per aws limit interest to a iey to affect the indirectly incurred for indured, HSI has the ice price. Upon	Frac and Acid	Taxable service treatments d reduction on newly wells are not laxab	drilled or existing le.	\$ 2,759.80 Tax Rate:	Net: 7.150% Sale Tax: Total:		2,047.35
revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Salo.					Date of Service: 9/23/2016 HSI Representative: JAKE HEARD						
conditions including the standard remits of sure.				Customer Representative: CHRIS MCGOWN							
CUSTOMER AUTHORIZED AGENT											
	Cust	tomer Comn	nents or	Concerns:							

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.

### TREATMENT REPORT



## HURRICANE SERVICES INC

Customer:	IANTHA RES	OURCES			Date:	9/23/2016		Ticket No.:	100	807
Field Rep:	CHRIS MCGO	NWO								
Address:										
City, State:										
County, Zip:										
	eld Order No.:				Open Hole:	762,	7	Perf De	pths (ft)	Perfs
ri	Well Name:	MINLKE	Y #1 INJ.		Casing Depth:					
	Location		NY, KS		Casing Size:					
	Formation:				Tubing Depth:	750'				
Ту	pe of Service:	LONGS	TRING		Tubing Size:	2 7/8				
	Well Type:				Liner Depth:					
	Age of Well:	NEW		Liner Size:						
	Packer Type:				Liner Top:					
1	Packer Depth:				Liner Bottom:					
т	reatment Via:	TUE	BING		Total Depth:					
									Total Perfs	0
	INJECTIC	N RATE		SURE				PROP	HCL	FLUID
TIME	FLUID	N2/CO2	STP	ANNULUS		REMARKS		(lbs)	(gls)	(bbis)
4:15 PM					ON LOCATION					
					MIX AND PUMP	NG SPOT IN AND RIG UP				6.00
			250.0		PUMP GEL ARC					22.00
			250.0		MIX AND PUMP					2.00
4:45 PM			300.0			CEMENT 126 SACKS				27.60
4,45 F M					STOP					
					WASH PUMP AN	ID LINES				10.00
					DROP PLUG					
			100-500		DISPLACE					4.75
5:15 PM			1,000.0		BUMP PLUG					
5:45 PM	5:45 PM			HOLD 30 MIN						
			500.0		BLEED PRESSU	JRE DOWN TO 500 PSI				
					SHUT IN WELL					
5:55 PM				WASH UP PUMP					10.00	
					RIG DOWN					
							TOTAL:	-	•	82.35
		SUM	MARY			PRODUCTS USED				
	Max FI. Rate	Avg FI, Rate	Max PSI	Avg PSI	. [					
	-	#DIV/0!	1,000.0	460.0						
						126 SACKS 50:50 + 2%	GEL + 1/4# PHE	ENO SEAL		

Jake Heard Treater:

Customer: CHRIS MCGOWN

.



# HURRICANE SERVICES INC

TIME	INJECT FLUID	ION RATE N2/CO2	PRES	SURE ANNULUS	REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbis)
6:00 PM	PROFILE COLOR OF COLOR OF COLOR	and the second sec			OFF LOACTION			
					THANKS JAKE, JERRY, KEVIN, AND RON			
					THANKS FOR YOUR BUSINESS			
					PLEASE CALL US AGAIN			
							_	
-								
				I	age is calculated in the summary and totals on hage 1			

Activity provided on this page is calculated in the summary and totals on page 1