Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1323665

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

# WELL COMPLETION FORM

	WELL HISTORY -	DESCRIPTION C	<b>DFWELL &amp; LEASE</b>
--	----------------	---------------	---------------------------

OPERATOR: License #	API No. 15			
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) Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
	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 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           Recompletion Date         Recompletion Date         Recompletion Date	Quarter Sec TwpS. R East West           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:					

## CORRECTION #1

1323665

Operator Nar	ne:			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.

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)			es 🗌 No			_og Form	ation (Top), De	pth and Datum	Sample
Samples Sent to Geo	ological Survey	Ye	es 🗌 No		Nam	ie		Тор	Datum
Cores Taken Electric Log Run		□ Ye □ Ye	es 🗌 No es 🗌 No						
List All E. Logs Run:									
		Repo	CASING ort all strings set-	RECORI		ew Used ermediate, prod	luction, etc.		
Purpose of String	Size Hole Drilled		e Casing t (In O.D.)		Veight os. / Ft.	Setting Depth	Type o Ceme		Type and Percent Additives
			ADDITIONAL	L CEMEN	ITING / SQI	JEEZE RECO	RD		
Purpose: Depth Perforate		Туре	Type of Cement # Sacks Used		cks Used	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
Did you perform a hydra Does the volume of the Was the hydraulic fractu	total base fluid of the	e hydraulic fractu	iring treatment e		-	Yes ? Yes	No (If	No, skip questions 2 a No, skip question 3) No, fill out Page Three	
, 	-							Cement Squeeze Reco	
Shots Per Foot         PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Aciu,		d of Material Used)	Depth			
TUBING RECORD:	Size:	Set At:		Packe	r At:	Liner Run:	Yes	No	
Date of First, Resumed	d Production, SWD c	or ENHR.	Producing Met	hod:	ping	Gas Lift	Other (Explain)	)	
Estimated Production	Oil	Bbls.	Gas	Mcf	Wat	ter	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Per 24 Hours

Form	ACO1 - Well Completion
Operator	Petroleum Technologies, Inc.
Well Name	Knabe A 3i
Doc ID	1323665

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7.0	17	22	Common	5	None
Production	5.625	2.875	6.5	899	50/50 Pozmix		2% gel, 1/4# Floseal

#### Summary of Changes

Lease Name and Number: Knabe A 3i API/Permit #: 15-091-24349-00-00 Doc ID: 1323665 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	06/09/2015	12/01/2016
Completion Or Recompletion Date	02/27/2015	11/16/2016
Liner Run?		No
Perf_Depth_1		853 - 862
Perf_Material_1		Acid: 150 gal 15% HCL
Perf_Record_1		853 - 862
Perf_Shots_1		3
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 54218	//kcc/detail/operatorE ditDetail.cfm?docID=13 23665