Confidentiality Requested: Yes No

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

1324551

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:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ 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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:      ENHR 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 Twp S. R East West
Recompletion Date Reached TD Recompletion Date of 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	1324551
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTRUCTIONS. Show important tang of formations panatrated	Datail all aaraa Bapart a	Il final conice of drill stome tests giving interval tested, time test

**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	neets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolo	gical Survey	Yes No	Nam	e			
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement		acks Type and Percent Additives
		ADDITIONAL	. CEMENTING / SQU	IEEZE RECORD	1		
Purpose:	Depth Tan Battern	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				

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)

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot			RATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)							Depth
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	I Product	ion, SWD or ENHI	٦.	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	as Mcf Water Bbls. Gas-Oil Ratio		Gravity			
DISPOSITI		GAS <sup>.</sup>			METHOD	OF COMPLE	TION		PRODUCTION INTER	NAL ·
Vented Solo (If vented, Su	d 🗌	Used on Lease		Open Hole Other <i>(Specify)</i>	Perf.	Unit / Dually (Submit /	Comp.	Commingled (Submit ACO-4)		

Form	ACO1 - Well Completion
Operator	J-V Oil, LLC
Well Name	WIGGANS 1-H
Doc ID	1324551

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12	8.625	18	20	portland	5	0
Production	5.875	2.875	8	1040	portland	130	0

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			VARDS. GRIERED		XAPOS OEL	·····································	PHORESCIPTION (1) IEESSANDIN FELINES(2) Jac Catase The one at 10.1 your your set of the of your four reaches an object	property II. I place the initial in curved to refer and the only any	the support of the properties	The life of the first index strict burds are an advected to the structure of the structure	and the case of the more	¥				· · ·	UZLAY EXPLANATION/CYLINDER TEST TAKEN	<ol> <li>JOS KOT READY</li> <li>SLON PCUR GB PLUNE</li> <li>SLUCK MEED ON JOB</li> </ol>	KNOO TANANGUNA S			
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# <u>1H Wiggans</u>

20 ft - 8-5/8 pipe, set 5 sacks portland

1040 ft – 2-7/8 pipe, set 130 sacks portland