

Confidentiality Requested:

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. 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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Mustang Energy Corporation
Well Name	MILLER/MOSSBURGH UNIT 1
Doc ID	1324324

All Electric Logs Run

Sonic
Micro
Dual Induction
Neutron Density

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3018

Date	16-4-16	Sec.	34	Twp.	19	Range	22	County	Ness	State	Ks	On Location	Finish	8:45 PM
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Miller / Mossburgh unit Location Bazine 2w to BBRd, 6 3/4 S

Lease Well No. 1 Owner w/Info

Contractor WW 14 To Quality Oilwell Cementing, Inc.
Type Job Plug 7 1/8" You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size T.D. 4480' Charge To Mustang Energy

Csg. Depth Street

Tbg. Size 4 1/2" D.P. Depth 1560' City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered 250 60/40 40% Gel

Meas Line Displace H2O/mud 1/4# Flo-seal

EQUIPMENT

Pumptrk 18 No. Cementer Rick	Common 150
Bulktrk 15 No. Driver Billy	Poz. Mix 100
Bulktrk No. Driver	Gel. 9
Bulktrk No. Driver	Calcium

JOB SERVICES & REMARKS

Remarks: 1560' - 505x	Hulls
Rat Hole 750' - 805x	Salt
Mouse Hole 270' - 505x	Flowseal 60#
Centralizers 60' - 205x	Kol-Seal
Baskets Rathole - 305x	Mud CLR 48
D/V or Port Collar Mousehole - 205x	CFL-117 or CD110 CAF 38
	Sand
	Handling 259
	Mileage

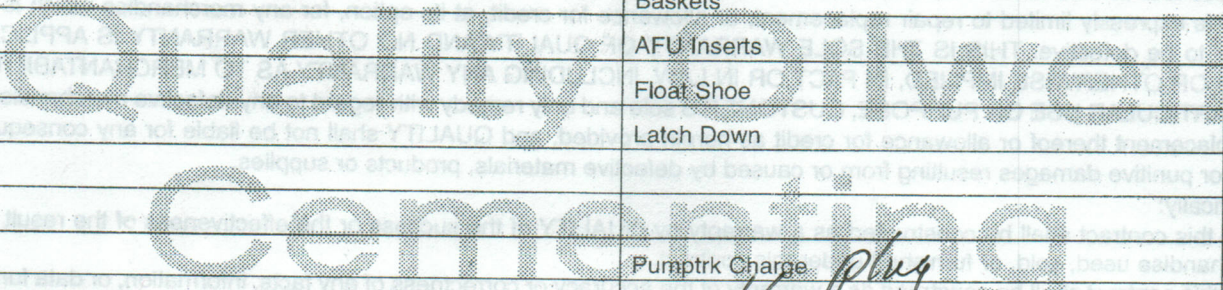
Cement did Circulate

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge 16 plug
Mileage 16

Signature Noel Perez	Tax
	Discount
	Total Charge



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3014

Date 9-28-16 Sec. 34 Twp. 19 Range 22 County Ness State Ks On Location _____ Finish 7:30 AM

Lease Miller - Mossburgh unit Location Bazine, Ks - 2W to 88th, 6 3/4 S

Well No. 1 Owner w/ Into
Contractor WW #14 To Quality Oilwell Cementing, Inc.
Type Job Surface You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4" T.D. 226' Charge To Mustang Exploration
Csg. 8 5/8" Depth 226' Street _____

Tbg. Size _____ Depth _____ City _____ State _____
Tool _____ Depth _____

Cement Left in Csg. 15' Shoe Joint 15' The above was done to satisfaction and supervision of owner agent or contractor.
Cement Amount Ordered 150 80/20 3%CC 2%Gel

Meas Line _____ Displace 13 1/4 BCS

EQUIPMENT

Pumptrk <u>18</u> No. <u>1</u> Cementer <u>Rick</u>	Common <u>120</u>
Bulktrk <u>15</u> No. <u>1</u> Driver <u>Doug</u>	Poz. Mix <u>30</u>
Bulktrk _____ No. _____ Driver _____	Gel. <u>3</u>
Bulktrk _____ No. _____ Driver _____	Calcium <u>6</u>

JOB SERVICES & REMARKS

Remarks: Cement did Circulate Hulls _____
Rat Hole _____ Salt _____
Mouse Hole _____ Flowseal _____
Centralizers _____ Kol-Seal _____
Baskets _____ Mud CLR 48 _____
D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____
Sand _____
Handling 159 _____
Mileage _____

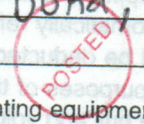
FLOAT EQUIPMENT

Guide Shoe _____
Centralizer _____
Baskets _____
AFU Inserts _____
Float Shoe _____
Latch Down _____

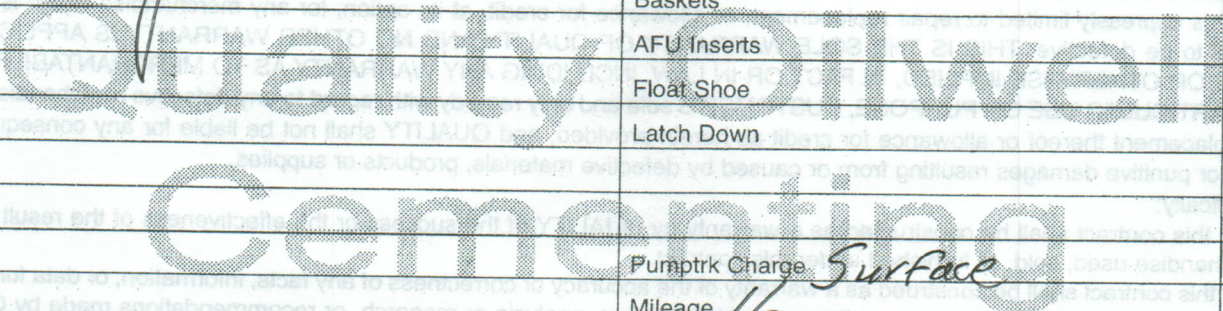
Pumptrk Charge Surface
Mileage 16

X Signature Noel Perez

Tax _____
Discount _____
Total Charge _____



Thanks





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mustang Energy Corp

34-19S-22W Ness

PO Box 1121
Hays, KS 67601

Miller/Mossburgh U 1

ATTN: Jeff Lawler

Job Ticket: 55419

DST#: 1

Test Start: 2016.10.03 @ 13:06:41

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:07:41

Time Test Ended: 19:30:11

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 74

Interval: 4345.00 ft (KB) To 4421.00 ft (KB) (TVD)

Reference Elevations: 2287.00 ft (KB)

Total Depth: 4421.00 ft (KB) (TVD)

2276.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 11.00 ft

Serial #: 8525 Inside

Press@RunDepth: psig @ 4346.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.10.03 End Date: 2016.10.03

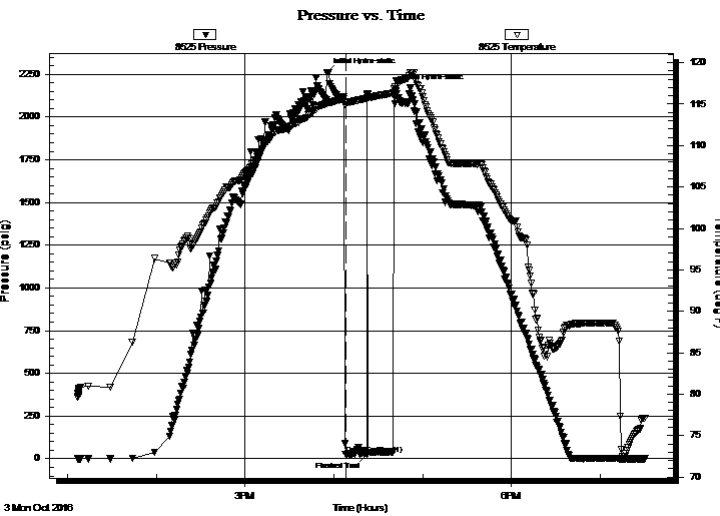
Last Calib.: 2016.10.03

Start Time: 13:06:42 End Time: 19:30:11

Time On Btm: 2016.10.03 @ 15:55:26

Time Off Btm: 2016.10.03 @ 16:41:41

TEST COMMENT: IF: No Blow , Flushed Tool, Still No Blow , Pulled Tool



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2259.86	115.12	Initial Hydro-static
13	27.72	115.19	Open To Flow (1)
27	24.13	115.71	Flushed Tool
47	2164.83	117.82	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud	0.02

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

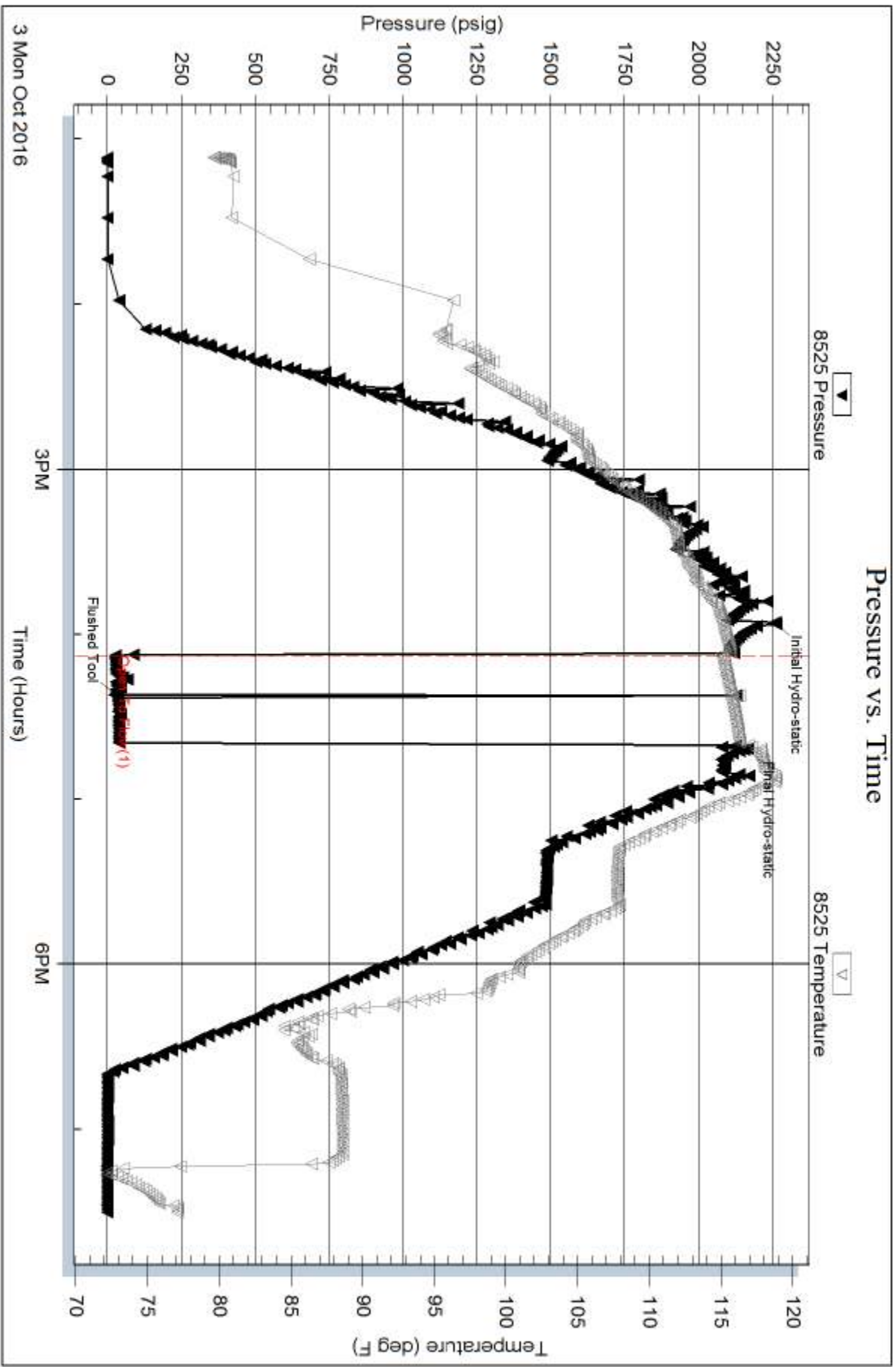
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Inside

Mustang Energy Corp

Miller/Mossburgh U 1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 55A19

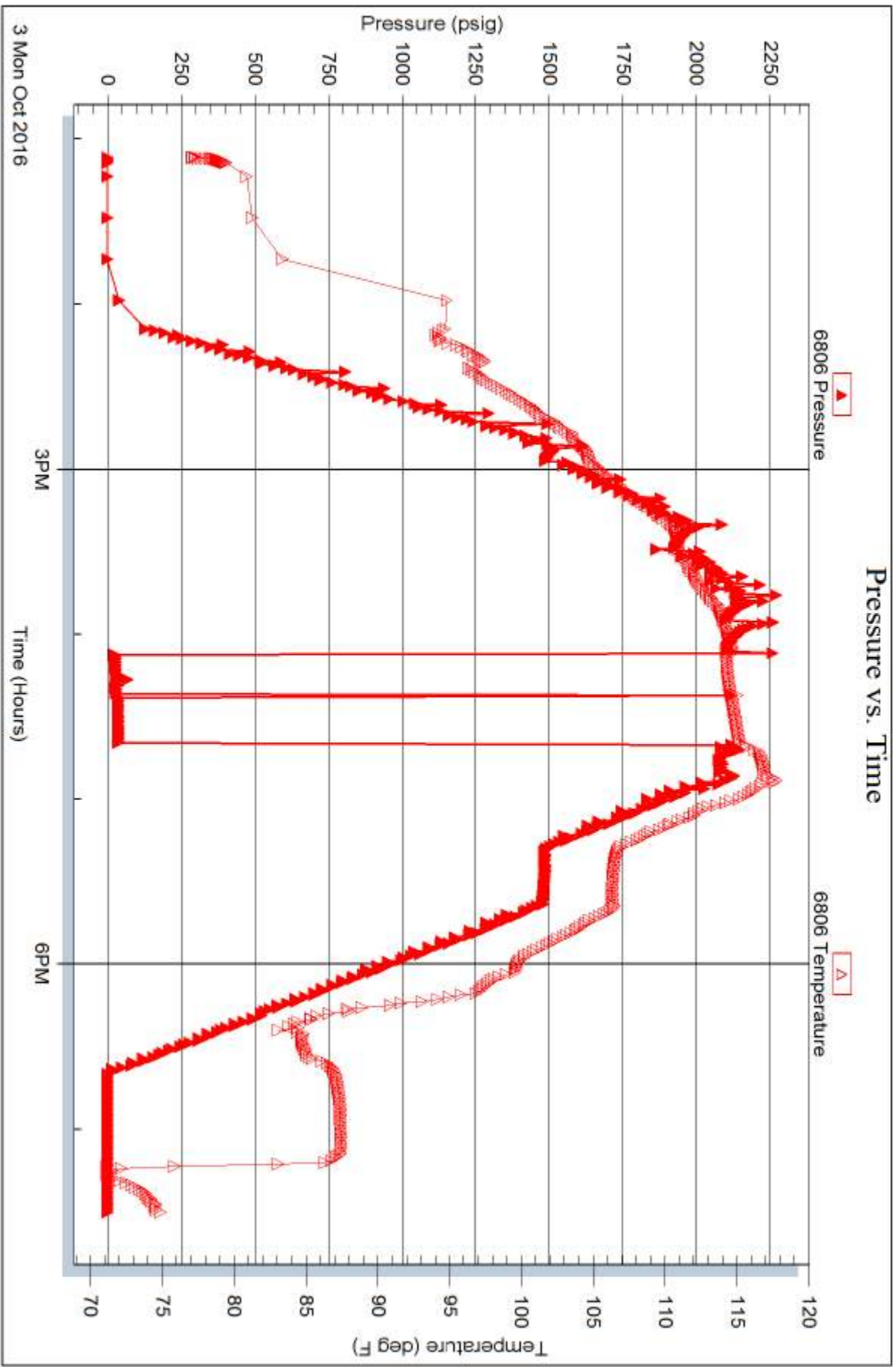
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Serial #: 6806

Outside Mustang Energy Corp

Miller/Mossburgh U 1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 55A19

Printed: 2016.10.04 @ 06:08:47