

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

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) (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>

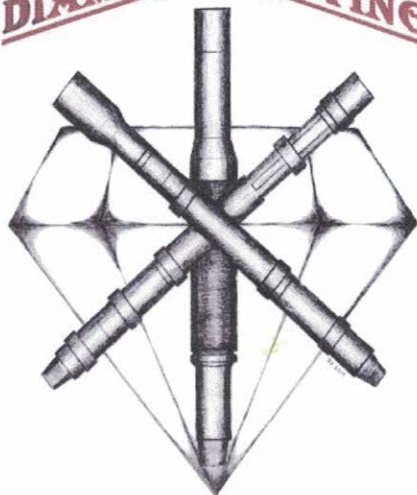
TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Oolite Energy Corp
Well Name	MEYERS 3-2
Doc ID	1324382

Tops

Name	Top	Datum
Herrington	2640	-161
Council Grove	3014	-535
Base Heebner	4383	-1904
Toronto	4404	-1925
Lansing	4525	-2046
Stark Shale	5025	-2546
Marmaton	5180	-2701
Novinger	5253	-2774
Cherokee Sh.	5352	-2873
Morrow	5700	-3221
Chester	5802	-3323
St. Gen.	6143	-3664
St. Louis	6235	-3756

DIAMOND TESTING



DIAMOND TESTING GENERAL REPORT

Jake Fahrenbruch, Tester

Cell: (620) 282-8977 / Office: (800) 542-7313

TEST INFORMATION

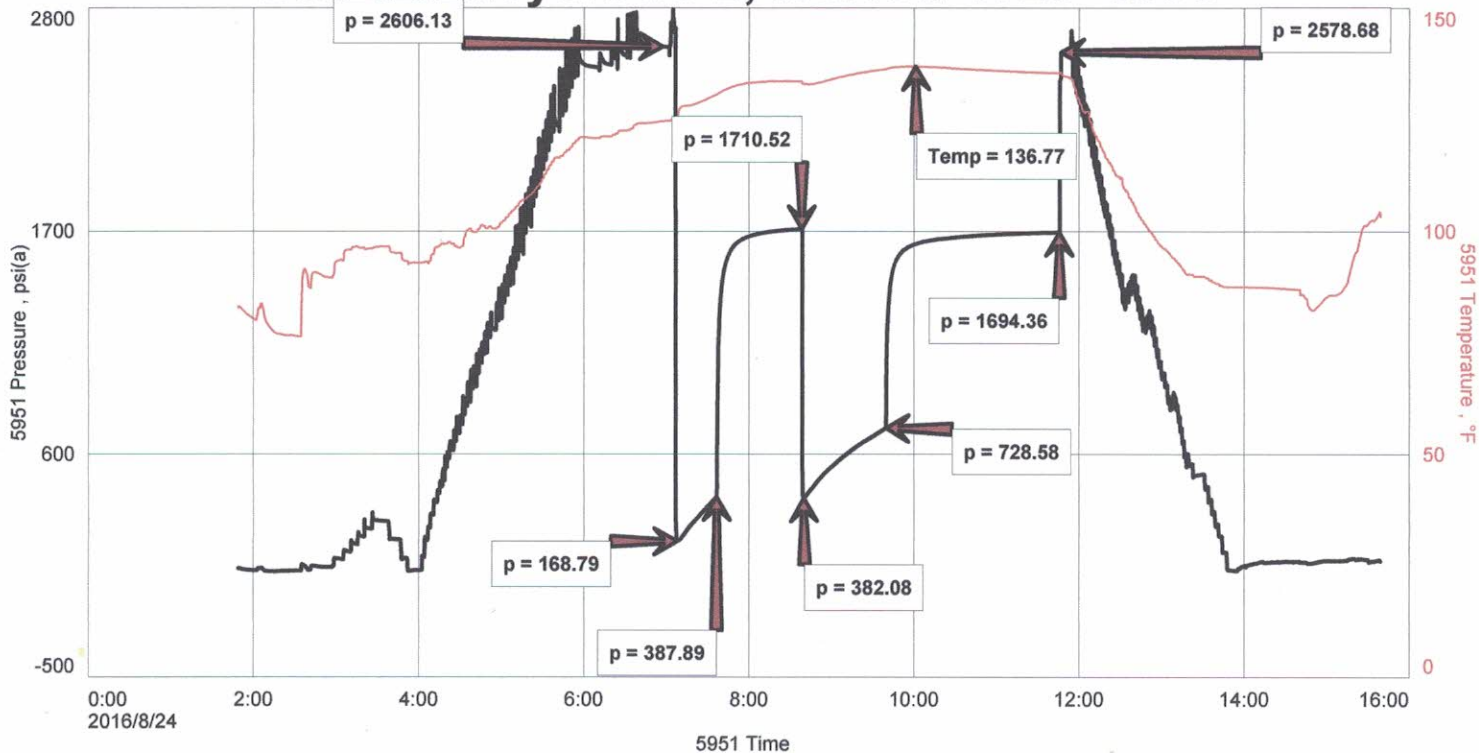
Well Name	Meyers #3-2
Company Name	Oolite Energy Corp
Formation	DST #1, Morrow, 5728'-5803'
Test Type	Bottom-Hole w/Jars, S.Jnt, Sh.Pkr
Surface Location	Sec 2-34s-29w-Meade o.-KS
KB Elevation (SL)	2474.000
Gauge Name	5951
Start Test Date	2016/08/24
Start Test Time	01:49:00
Final Test Date	2016/08/24
Final Test Time	15:40:00
Job Number	F438
Contact	Clint Andrews
Site Contact	Austin Garner

TEST RESULTS

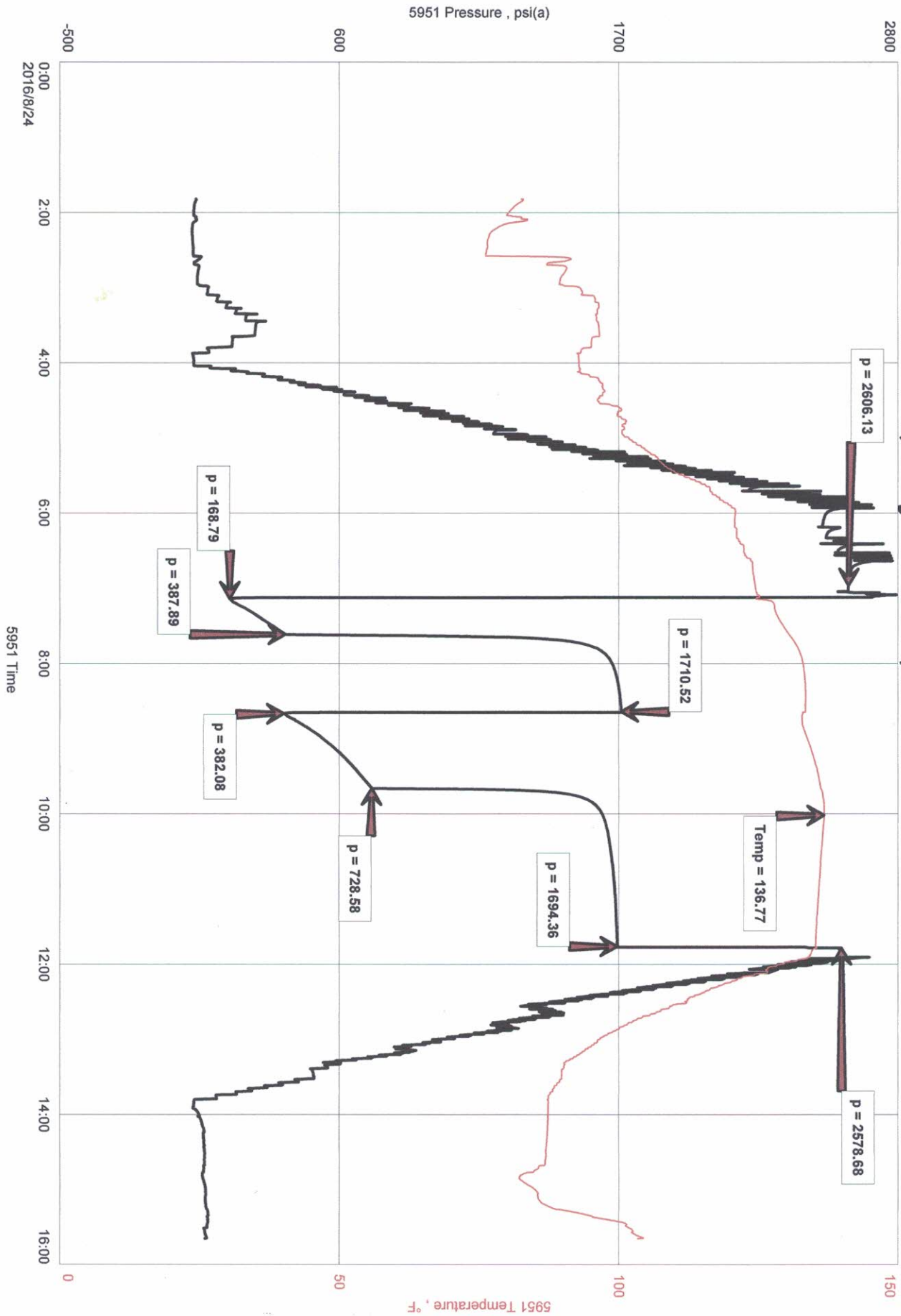
Initial flow, strong blow @ BOB in 1min 50sec. blowback @ BOB.
 Final flow, strong blow @ BOB in 2min 30 sec. blowback @ BOB.

TOTAL RECOVERED FLUID: 1430'	GAS IN PIPE: 4270'
30' GC OCM	10% gas, 40% oil, 50% mud
180' HvyGC OC WM	25% gas, 8% oil, 18% wtr, 49% mud
1220' Clean Salt Water	100% wtr
----- RW: .06 ohm @ 90 Deg F	
----- Chlorides: 101,000 PPM	
----- PH: 7.0	

DST #1. Meyers #3-2, Morrow 5728'-5803'



DST #1, Meyers #3-2, Morrow 5728'-5803'





Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING

Job Log

Customer:	Oolite Energy	Cement Pump No.:	38119-19570 6 HRS	Operator TRK No.:	78939
Address:	320 West 7th Ave	Ticket #:	1718-13709 L	Bulk TRK No.:	14354-19857 19827-19808
City, State, Zip:	Amarillo Tx, 79101	Job Type:	Z41- Cement Surface Casing		
Service District:		Well Type:	OIL		
Well Name and No.:	Meyers 3-2	Well Location:	2,34,29	County:	Meade State: Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
A- CON	370	2%CACL, 1/4# POLYFLAKE	14354-19857	Front	Back
PREMIUM PLUS	150	2%CACL, 1/4# POLYFLAKE	19827-19808	Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	11.4	2.95	18.1	1091.5	Man Hours:	
Tail:	14.8	1.34	6.33	201	# of Men on Job:	3

Time (am/pm)	Volume (BBLS)	Pumps		Pressure(PSI)		Description of Operation and Materials
		T	C	Tubing	Casing	
22:30						ON LOC, SAFTEY MTG, R.U. 8-17-16
2:02					2100	TEST LINES
2:05 AM	5.5				200	START MIXING @ 11.4#
2:46 AM	5.5	195			200	ON TAIL @ 14.8#
3:00 AM		36				FINISHED MIXING, DROP PLUG
3:05	5.5					START DISP, WASHUP ON PLUG
3:22	2	70			200	SLOW RATE
3:37 AM		98			300-900	PLUG DOWN
3:42					900-0	RELEASE PSI, FLOAT HELD
						JOB COMPLETE

Size Hole	12 1/4	Depth	1586		TYPE				
Size & Wt. Csg.	8 5/8 24	Depth	1586	New / Used	NEW	Packer	Depth		
tbg.		Depth				Retainer	Depth		
Top Plugs		Type				Perfs	CIBP		
Customer Signature:						Basic Representative:	CHAD HINZ		
						Basic Signature:			
						Date of Service:	8/18/2016		