

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1327480
OIL & GAS CONSERVATION DIVISION

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 # _____

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1327480

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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RU Basic Energy Svc frac equipment, frac well as follows w/ 17 tank Hybrid Frac: FL @ 5100', Stage #1; 62,000 gal pad, vac @ 16.1 bpm w/ 200 bbl, hole loaded, 4.3 bpm @ 95#. Increased rate, 10.3 bpm @ 900# w/ 216 bbl. Increase rate, 20 bpm @ 862# w/ 258 bbl. Increase rate, 29 bpm @ 997# w/ 309 bbl. Increase rate, 39.5 bpm @ 1259# w/ 390 bbl. Increase rate, 50 bpm @ 1546# w/ 492 bbl. Increase rate, 59.5 bpm @ 1766# w/ 600 bbl. Increase rate, 66.7 bpm @ 2120# w/ 959 bbl. Stage #2; 20,000 gal w/ .1# of 30/50 sand, 2078# @ 66.5 bpm. Stage #3; 20,000 gal w/ .2# of 30/50 sand, 1964# @ 66.5 bpm. Stage #4; 20,000 gal w/ .3# of 30/50 sand, 1885# @ 66.5 bpm. Stage #5; 25,000 gal w/ .4# of 30/50 sand, 1772# @ 66.5 bpm. Stage #6; 25,000 gal w/ .5# of 30/50 sand, 1685# @ 66.7 bpm. Stage #7; 25,000 gal w/ .6# of 30/50 sand, 1619# @ 66.8 bpm. Stage #8; 25,000 gal w/ .7# of 30/50 sand, 1611# @ 66.7 bpm. Stage #9; 25,000 gal w/ .8# of 30/50 sand, 1549# @ 66.8 bpm. Stage #10; 25,000 gal w/ .9# of 16/30 sand, 1498# @ 66.9 bpm. Stage #11; 20,000 gal w/ 1# of 30/50 sand, 1386# @ 66.4 bpm. Stage #12 Progel LG 200; 4,000 gal w/ 1.5# of 16/30 sand, 1318# @ 66.2 bpm. Stage #13 Progel LG 200; 4,000 gal w/ 2# of 16/30 sand, 1254# @ 66.0 bpm. Stage #14 Progel LG 200; 4,000 gal w/ 2 .5# of 16/30 sand, 1228# @ 66.0 bpm. Stage #15 Progel LG 200; 3,000 gal w/ 3# of 16/30 resin coated sand, 1272# @ 66.0 bpm. Stage #16, 5,700 gal flush, 1450# @ 66.0 bpm.

Customer Cystelli Exploration, Inc	Lease No.	Date 11/22/2016	
Lease Peoples O&W	Well # 1		
Field Order # 13936	Station Pratt, KS	Casing 5 1/2	Depth 5322
Type Job 242/ 5 1/2 Longstring	Formation 5331	County Comanche	State KS
		Legal Description 17-32-17	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2								
Depth 5322	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 1/2	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 5282	Packer Depth	From	To	Flush KCL w/ser	Gas Volume		Total Load	

Customer Representative Rick Poppe	Station Manager Kevin Goidler	Treater Darin Franklin
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Service Units	92911	88982	86779	84980	19860				
Driver Names	Darin	Scott	Scott	Josh	Josh				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:30pm					On location / Safety meeting
					5 1/2 Casing set at 5322'
					T-1,3,4,5,6,7 B-1,2,3
					150 sk AD2 Cement, .25 blsk Cellulose
					10% SSlt, .3% Friction Reducer, .3%
					100 Fluid Loss, 5 blsk Gilsonite
					15.3 pps, 1.36 veld, 5.55 wster
9:20pm					Pipe on bottom & Break Circulation
10:30pm	450		7	6	Mix 30sk Sequencer Cement
	450		36	6	Mix 150sk AD2
					Shut down
					Wash pump & lines & Release plug
	200		0	7 1/2	Start displacement
	500		90	5 1/2	Libt pressure
	800		115	3	Slow Rate
11:00pm	150		121	3	Bump Plug
					Flow - Held
	100		7	3	Plus Ret hole
	100		5	3	Plus move hole
11:30pm					Job Complete / Darin agree
					Thank you!!!

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

April 10, 2017

Tisha Love
Castelli Exploration, Inc.
6908 NW 112TH
OKLAHOMA CITY, OK 73162-2976

Re: ACO-1
API 15-033-20733-00-01
PEOPLES OWWO 1
NE/4 Sec.17-32S-17W
Comanche County, Kansas

Dear Tisha Love:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/19/2016 and the ACO-1 was received on April 10, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department