Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1346570

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:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West
Recompletion Date		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 III Approved by: Date:

1346570	

(Attach Additional Sheets) Samples Sent to Geological Survey	Operator Name:			_ Lease Name: _			Well #:		
open and closed, flowing and shuf-in pressures, whether shuf-in pressure is authority of the production of the state of the production and flow rates if give to surface test, slow with fault charge). Attach of the state of irm ore space is receded. Find Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to knot-well-logic@koc.ks.gov. Digital electronic log flees must be submitted in LAS version 2.0 or newer AND an image flie (TIFF or PDF). Drill Stem Tasts Taleen (Attach Additional Sheets) Drill Stem Tasts Steen (Attach Additional Sheets) Samples Sent to Geological Survey Yes No Electric Log Run Report all strings sect-conducts: sustace, intermediate, production, etc. Purcose of String State Hole State Casting Weight Additional Steen Steen Purcose of String Direct ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Protose ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Protose Protose Protose Displace State Protose Casting Protose Casting Protose Casting Reg Best 10 Final Best 10 Fin	Sec Twp	S. R [East West	County:					
Dill Stem Trests Taken	open and closed, flowin	g and shut-in pressur	es, whether shut-in pre	ssure reached stat	ic level, hydrosta	tic pressures, b			
ABDITIONAL CEMENTING / SQUEEZE RECORD Purpose of String Defth Top Bottom Top Datum ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose of String Defth Top Bottom Top Bo					ogs must be ema	iled to kcc-well	-logs@kcc.ks.go	v. Digital electronic log	
Samples Sent to Geological Survey	Drill Stem Tests Taken (Attach Additional Sh	eets)	Yes No			on (Top), Depth			
List All E. Logs Run: Yes No	Samples Sent to Geolog	gical Survey	☐ Yes ☐ No	INam	ie		юр	Datum	
CASING RECORD New Used Report all strings set-conductor, surface, Intermediate, production, etc.	Cores Taken Electric Log Run								
Purpose of String	List All E. Logs Run:								
Purpose of String									
ADDITIONAL CEMENTING / SQUEEZE RECORD ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Perforate Protect Casing Pruge of Casin		Size Hole			T		# Sacks	Type and Percent	
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes	Purpose of String								
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Did you perform a hydraulic fracturing treatment on this well? Did you perform a hydraulic fracturing treatment exceed 350,000 gallons? Yes									
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Perforate Protect Casing Plug Back TD Plug Off Zone Perforated Plug Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth Plug Off Zone Plug Set/Type Specify Footage of Each Interval Perforated Plug Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth Plug Off Zone Plug Specify Footage of Each Interval Perforated Plug Set/Type Specify Footage Set/Type Specify			Type of Cement	# Sacks Used		Type and Percent Additives			
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?									
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?									
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	r lug on zone								
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Did you perform a hydraulio	fracturing treatment on	this well?		Yes	No (If No,	skip questions 2 ar	nd 3)	
Shots Per Foot			-	-	? Yes				
Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Other (Explain) Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: Obent Action 1	Was the hydraulic fracturing	g treatment information s	submitted to the chemical d	lisclosure registry?	Yes	No (If No,	fill out Page Three	of the ACO-1)	
TUBING RECORD: Size: Set At: Packer At: Liner Run:	Shots Per Foot								
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4) (Submit ACO-5) (Submit ACO-4)		Specify For	Diage of Each interval Pen	orated	(A)	nount and Kind of	wateriai Used)	Беріп	
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Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		Oil Bb	ls. Gas	Mcf Wa	ter B	bls.	Gas-Oil Ratio	Gravity	
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled (Submit ACO-4)	DISPOSITION	I OF GAS:	N.	IETHOD OF COMPI	FTION:		PRODUCTIO	ON INTERVAL.	
(Submit ACO-5) (Submit ACO-4)				Perf. Duall	y Comp. Cor	nmingled	THODOUTIC	ZIT IIT LITYAL.	
			Other (Specify)	(Submit	ACO-5) (Sub	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	BARR-NISWONGER UNIT 1-22 MP
Doc ID	1346570

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	314	common	185	60/40 poz

LWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Home Office P.O. Box 32 Russell, KS 67665

No. 3058

Cell 785-324-1041	Sec.	Twp.	Range	C	ounty	State	On Location	Finish			
Date 10-26-16	22	15	37	20	19h	15	If grie sagges on di or	12.15 Am			
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Type Job Serface	into the		io ving consist	of sails	cementer a	nd helper to assist ov	vner or contractor to o	do work as listed.			
- 16	mal .be	T.D.	212	oliites ur	Charge Phillips Byploration						
Hole Size 1214	ole Size 1.0. Depth 3/4						Street				
Osg. 82/8		Depth	Jego	Latete la	City State						
Tbg. Size	1 4 1	DESTRUCTION I	оров за јал.	a Y. EJAJA		vas done to satisfaction	and supervision of own	er agent or contractor.			
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Mouse Hole	eus p	albulan ;	ly any person	ingalend .	Kol-Seal						
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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. 3063

The transfer of the contract o	Sec.	Twp.	Range) janua	County	State	On Location	Finish		
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Type Job Rotary Pl			in tora language		 You are he 	reby requested to ren	cementing equipmen	nt and furnish		
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