

1348415

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 (Attach Additional Sheets)	<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 ☐ New ☐ 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 (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:

☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____Estimated Production
Per 24 Hours

Oil Bbls.

Gas Mcf

Water Bbls.

Gas-Oil Ratio

Gravity

DISPOSITION OF GAS:

☐ Vented ☐ Sold ☐ Used on Lease

(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
(Submit ACO-5) (Submit ACO-4)☐ Other (Specify) _____

PRODUCTION INTERVAL:

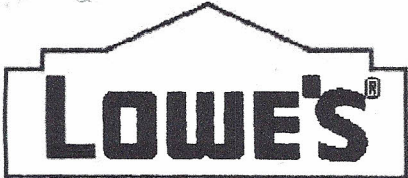
Form	ACO1 - Well Completion
Operator	Mid-Continent Fractionation and Storage LLC
Well Name	Conway West CUE P/L Conway West
Doc ID	1348415

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	17	10	40	40	Portland	7	0

10-15-5906

SURFACE HOLE



LOWE'S HOME CENTERS, LLC
1930 EAST 17TH AVENUE
HUTCHINSON, KS 67501 (620) 513-2000

PICK UP INFORMATION
TO OBTAIN STOCK MERCHANDISE DESIGNATED AS
[PICK UP LATER] ON THIS RECEIPT, YOU MUST
COME TO THE CUSTOMER SERVICE DESK.

- SALE -

SALES#: S1745TB4 1784643 TRANS#: 88794253 01-14-16

10352 NA 577.50
94-LB PORTLAND CEMENT TYP
70 @ 8.25
[PICK UP LATER - LOWES # 1745 on 01/14/2016]
INVOICE 86545 SUBTOTAL: 577.50
SUBTOTAL: 577.50
TAX: 52.55
BALANCE DUE: 630.05
AMEX: 630.05

ANEX:XXXXXXXXXX1000 AMOUNT:630.05 AUTHCD:884684
CHIP REFID:174501186409 01/14/16 11:59:59
APL: AMERICAN EXPRESS TUR: 0000008000
AID: A000000025010801 TSI: F800

Joe M. Smith

STORE: 1745 TERMINAL: 01 01/14/16 12:00:45
OF ITEMS PURCHASED: 70
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: MICHAEL BRYANT

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

* YOUR OPINIONS COUNT! *
* REGISTER FOR A CHANCE TO WIN A *
* \$5,000 LOWE'S GIFT CARD! *
* ¡REGISTRESE PARA TENER LA OPORTUNIDAD DE GANAR UNA *
* TARJETA DE REGALO DE LOWE'S DE \$5000! *
* REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY *
* WITHIN ONE WEEK AT: www.lowes.com/survey *
* Y O U R I D # 01864 1745 014 *
* NO PURCHASE NECESSARY TO ENTER OR WIN. *
* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

Summary of Changes

Lease Name and Number: Conway West CUE P/L Conway West

API/Permit #: 15-113-21381-00-00

Doc ID: 1348415

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	03/24/2016	04/05/2017
Fluid Mngmt - County		Mcpherson
Fluid Mngmt - Dewatering Method		Haul Off Pit
Fluid Mngmt - Lease Name		Conwest Borrow Field
Fluid Mngmt - Operator License		33471
Fluid Mngmt - Operator Name		Mid-Continent Fractional
Fluid Mngmt - Permit		S-LA11-0036
Fluid Mngmt - Quarter		SW
Fluid Mngmt - Range		5
Fluid Mngmt - Range Direction		West

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fluid Mngmt - Section		14
Fluid Mngmt - Township		19
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1299456	../../../../kcc/detail/operatorEditDetail.cfm?docID=1348415

Summary of Attachments

Lease Name and Number: Conway West CUE P/L Conway West

API: 15-113-21381-00-00

Doc ID: 1348415

Correction Number: 1

Attachment Name

Cement ticket