

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1350482

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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> GSW | Permit #: _____ | | |

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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: | | | | | |

| <div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div> | | | | | | | |
|--|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date of First, Resumed Production, SWD or ENHR. | | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

| | | |
|--|--|---|
| <p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p> | <p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p> | <p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p> |
|--|--|---|

| | |
|-----------|-----------------------------|
| Form | ACO1 - Well Completion |
| Operator | McCoy Petroleum Corporation |
| Well Name | CAMPBELL TRUST - SWDW 2-14 |
| Doc ID | 1350482 |

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 | 12.25 | 8.625 | 24 | 1908 | Common | 675 | 2%CC, 1/4#/sx Flocele |
| Production | 7.875 | 4.5 | 23 | 1706 | Common | 320 | 2%Gel, 3%CC |
| | | | | | | | |
| | | | | | | | |

Customer Comments:

TREATMENT REPORT



| | | |
|---------------------|-----------------|---|
| Customer: | McCoy Petroleum | <div> <div>Date:</div> <div>2/15/2017</div> <div>Ticket No.:</div> <div>100720</div> </div> |
| Field Rep: | Dave Oller | |
| Address: | | |
| City, State: | | |
| County, Zip: | | |

| | | | | | |
|------------------|----------------------|---------------|-------------|------------------|-------|
| Field Order No.: | 100720 | Open Hole: | | Perf Depths (ft) | Perfs |
| Well Name: | Campbell Trust #2-14 | Casing Depth: | 1706' | | |
| Location: | Deerefeild,Ks. | Casing Size: | 4 1/2 10.5# | | |
| Formation: | | Tubing Depth: | | | |
| Type of Service: | Liner | Tubing Size: | | | |
| Well Type: | SWD | Liner Depth: | | | |
| Age of Well: | New | Liner Size: | | | |
| Packer Type: | | Liner Top: | | | |
| Packer Depth: | | Liner Bottom: | | | |
| Treatment Via: | Casing | Total Depth: | 1727' | | |
| | | | | Total Perfs | 0 |

| TIME | INJECTION RATE FLUID N2/CO2 | PRESSURE STP ANNULUS | REMARKS | PROP (lbs) | HCL (gls) | FLUID (bbls) |
|----------|--------------------------------|-------------------------|---|---------------|--------------|-----------------|
| 11:00 AM | | | Called Out | | | |
| 12:45 PM | | | On Location | | | |
| | | | Start Casing 40 Jt's 4 1/2 10.5# | | | |
| | | | 1 St Jt 42' AFU Float Shoe & LD Plug & Baffle | | | |
| | | | Turbolizers Jt's 1-3-5-7 Cement Basket Jt #4 | | | |
| 2:30 PM | | | Casing On Bottom | | | |
| 2:45 PM | | | Truccks On Location Safety Meeting | | | |
| | | | Spot & Set Up Trucks | | | |
| 3:00 PM | | | Hook Up To Casing | | | |
| 3:11 PM | 3.5 | 70.0 | Start Pumping H2O | | | |
| | | | Hole Circulating | | | 27.00 |
| 3:20 PM | 3.5 | 120.0 | Start Mix & Pump 320 Sx Common 2% Gel 3% CC@ 15 # | | | |
| | 4.5 | 250.0 | 12 Out Inc Rate | | | 12.00 |
| 3:40 PM | | | Shut Down | | | 65.51 |
| | | | Clear Pump & Lines | | | 10.00 |
| 3:45 PM | 5.0 | 150.0 | Start Displacement H2O | | | |
| | 3.0 | 600.0 | 24 Out Slow Rate | | | 24.00 |
| 3:50 PM | 3.0 | 1,600.0 | Land Plug | | | 13.00 |
| TOTAL: | | | | - | - | 151.51 |

PRODUCTS USED

| | |
|--|--|
| | |
|--|--|

Customer: Dave Oller

TREATMENT REPORT

[illegible]

Activity provided on this page is calculated in the summary and totals on page 1

CASING MECHANICAL INTEGRITY TEST

DOCKET # D 32425Disposal ☐ Enhanced Recovery: 300 SW 25, Sec 14, T 25 S, R 35 E/WRepressuring ☐Flood ☐Tertiary ☐

Date injection started _____

API #15 - 093 - 21103-00-01330 (360) Feet from South Section Line2310 (2213) Feet from East Section LineLease Campbell TrustWell # 2-14 SWDCounty KearnyOperator: McCoy Petroleum CorpOperator License # 5003

Name &

Address 9342 E CampbellContact Person Scott HumpelWichita, KS 67206Phone 316 636-2737Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 500 bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

Conductor Surface Production Liner Tubing

Size 8 7/8 4 1/2 Size 2 3/8Set at 1906 1906 Set at 1400Cement Top 0 Type Swalite" Bottom 1906 1906DV/Perf. TD (and plug back) 5204 (1663) ft. depthPacker type AD-1 Tension Size 2 3/8 x 4 1/2 Set at 1400Zone of injection Glorietta ft. to ft. 1400-1490 Perf. or open hole perfType Mit: Pressure ☒ Radioactive Tracer Survey ☐ Temperature Survey ☐F Time: Start 0 Min. 15 Min. 30 Min.

I

E Pressures: 370 370 370 Set up 1 System Pres. during test 0

L

D Set up 2 Annular Pres. during test 370

D

A Set up 3 Fluid loss during test 0 bbls.

A

T Tested: Casing ☐ or Casing - Tubing Annulus ☒

A

The bottom of the tested zone is shut in with a packerTest Date 2-28-17 Using Pro Stim Company's EquipmentThe operator hereby certifies that the zone between 0 feet and 1400 feetwas the zone tested X Rave Allen

Signature

Title

The results were Satisfactory ☒, Marginal ☐, Not Satisfactory ☐State Agent KEN JENLIK Title ECRS Witness: Yes ☒ No ☐REMARKS: Initial MIT on newly re-entered well☐ Origin. Conservation Div.; ☐ KDHE/T; ☐ Dist. Office;☐ Computer Update **GPS entered**

SA

3/11/17 MP

SCANNED ucl

KCC Form U-7 6/84

NAD 83 GPS 37,87337°N
101,12982°W

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

July 10, 2017

Scott Hampel
McCoy Petroleum Corporation
9342 E CENTRAL
WICHITA, KS 67206-2573

Re: ACO-1
API 15-093-21103-00-01
CAMPBELL TRUST - SWDW 2-14
SE/4 Sec.14-25S-35W
Kearny County, Kansas

Dear Scott Hampel:

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 2/22/2017 and the ACO-1 was received on July 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