KOLAR Document ID: 1348140

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 # | API No.: |
|---|--|
| Name: | Spot Description: |
| Address 1: | SecTwpS. REast _ West |
| Address 2: | Feet from |
| City: State: Zip:+ | Feet from _ East / _ West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | □NE □NW □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: Well #: |
| New Well Re-Entry Workover | Field Name: |
| ☐ Oil ☐ WSW ☐ SWD | Producing Formation: |
| Gas DH EOR | Elevation: Ground: Kelly Bushing: |
| □ OG □ GSW | Total Vertical Depth: Plug Back Total Depth: |
| CM (Coal Bed Methane) | Amount of Surface Pipe Set and Cemented at: Feet |
| Cathodic Other (Core, Expl., etc.): | Multiple Stage Cementing Collar Used? Yes No |
| If Workover/Re-entry: Old Well Info as follows: | If yes, show depth set: Feet |
| Operator: | If Alternate II completion, cement circulated from: |
| Well Name: | feet depth to:w/sx cmt. |
| Original Comp. Date: Original Total Depth: | |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD | Drilling Fluid Management Plan |
| ☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer | (Data must be collected from the Reserve Pit) |
| Commission Provided | Chloride content: ppm Fluid volume: bbls |
| ☐ Commingled Permit #: | Dewatering method used: |
| ☐ Dual Completion☐ SWD☐ Permit #: | Location of fluid disposal if headed offsite. |
| EOR Permit #: | Location of fluid disposal if hauled offsite: |
| GSW Permit #: | Operator Name: |
| | Lease Name: License #: |
| Caud Date or Deta Decaded TD Commission Date | Quarter Sec TwpS. R |
| Spud Date or Date Reached TD Completion Date or 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 Drill Stem Tests Received |
| Geologist Report / Mud Logs Received |
| UIC Distribution |
| ALT I II Approved by: Date: |

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Page Two

| Operator Name: | | | | | Lease Nam | ne: | | | Well #: | | |
|---|--|------------------------------|---------------------------------|--|--|------------------------------|------------------------------------|-------------------------------|--|-------------------------------|--|
| Sec Tw | pS. F | R [| East | West | County: | | | | | | |
| open and closed and flow rates if Final Radioactivi | , flowing and sh gas to surface t ty Log, Final Lo | nut-in pressurest, along wit | es, whe h final c ain Geo | ther shut-in pre hart(s). Attach physical Data a | essure reached extra sheet if r and Final Electr | station more : ric Loc | level, hydrosta space is needed | tic pressures, d. | bottom hole tempe | rature, fluid recovery, | |
| | | | Ye | es No | | Lo | og Formatio | n (Top), Deptl | n and Datum | Sample | |
| Samples Sent to | Geological Sur | vey | Ye | es 🗌 No | | Name |) | | Тор | Datum | |
| | t / Mud Logs | | Y€ Y€ | es No | | | | | | | |
| | | | | | | | | | | | |
| | | | Repo | | RECORD [| Nev | w Used rmediate, producti | on. etc. | | | |
| Purpose of St | | | Siz | e Casing (In O.D.) | Weight Lbs. / Ft. | | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives | |
| | Purpose of String Purpose of String Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatmose the volume of the total base fluid of the Was the hydraulic fracturing treatmose the hydraulic fracturing treatmose the volume of the total base fluid of the Was the hydraulic fracturing treatmose the volume of the total base fluid of the Was the hydraulic fracturing treatment informate of first Production/Injection or Resumed injection: Estimated Production DISPOSITION OF GAS: Vented Sold Used on Leas (If vented, Submit ACO-18.) Shots Per Perforation Perfores | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | ADDITIONAL | OF MENTING / | | | | | | |
| Purpose: | [| Depth | Typo | | # Sacks Use | | EEZE RECORD | Typo a | ad Paraant Additivas | | |
| Perforate Protect Ca | Top | | Type of Cement | | # Gacks Oseu | | Type and Percent Additives | | | | |
| | | | | | | | | | | | |
| 2. Does the volume | e of the total base | fluid of the hyd | draulic fra | cturing treatmen | | • | Yes ns? Yes | No (If No | , skip questions 2 an , skip question 3) , fill out Page Three o | , | |
| Date of first Produ | ction/Injection or | Resumed Produ | uction/ | Producing Meth | | | Coolift 0 | thor (Fundain) | | | |
| , | otion | Oil Bb | le. | Flowing Gas | Pumping Mcf | Wate | | ther <i>(Explain)</i> bls. | Gas-Oil Ratio | Gravity | |
| | | Oli Bb | 15. | Gas | IVICI | vvale | ı Di | JIS. | Gas-Oil Hallo | Gravity | |
| DISPO | OSITION OF GAS | S: | | N | METHOD OF CO | MPLE. | TION: | | PRODUCTIO | N INTERVAL: | |
| Vented | Sold Use | d on Lease | | Open Hole | | | | nmingled | Тор | Bottom | |
| (If vente | ed, Submit ACO-18 | .) | | | (5 | SUDITIIL I | ACO-5) (Subi | mit ACO-4) | | | |
| | | Perforation Bottom | on | Bridge Plug Type | Bridge Plug Set At | | Acid, | | Cementing Squeeze Kind of Material Used) | Record | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| TUBING RECOR | D: Size: | | Set At: | | Packer At: | | | | | | |

| Form | ACO1 - Well Completion |
|-----------|------------------------|
| Operator | McGown Drilling, Inc. |
| Well Name | RANDALL C9 |
| Doc ID | 1348140 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|--|---------|
| 2 | 466-476 | 1000# 12/20 2000# 8/12 Sand w/Gelled Water | 466-476 |

| Form | ACO1 - Well Completion |
|-----------|------------------------|
| Operator | McGown Drilling, Inc. |
| Well Name | RANDALL C9 |
| Doc ID | 1348140 |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | | Type Of Cement | | Type and Percent Additives |
|----------------------|----------------------|-----------------------|--------|-----|-------------------|----|----------------------------------|
| Surface | 11.0 | 8.625 | 24 | 32 | Portland | 6 | 0 |
| Production | 6.75 | 4.5 | 10.5 | 515 | POZ | 75 | 0 |
| | | | | | | | |
| | | | | | | | |



| Customer | McGown | Drilling Inc. | | | stomer Name | Ob-1- 15:0 | | Ticket No.: | | 1007 | 87 | | | |
|---|---|---|--|--|---|---|---|----------------|------------|--------------|----------------|--|--|--|
| Address | | | | | AFE No.: | Cins McGo | wn | Dates | 1/11/2017 | | | | | |
| City, State, Zip: | | | | | | | | | | | | | | |
| | | | | | | Longstring Alla: 515' of 4.5" casing / 6 3/4" hole | | | | | | | | |
| Sorvice District: | | <u> </u> | * | | | ************************ | | | T | Ti.e | | | | |
| Well name & No. | | | ·, | | | 11-22s-23e | County | Linn | State; | Kansa | | | | |
| Equipment# | Driver | Equipment# | Driver | Equipment # | Driver | TRUCK CAL | | | | PN | TIME | | | |
| 201 | Kevin | | | | | ARRIVED AT | PH COCCATION | | | | | | | |
| 108 | Mark Joe | - | | | | START OPE | | | | PIA AM | ļ | | | |
| 30 | Brad | | | | - | FINISH OPE | RATION | | <u> </u> | PM AM | | | | |
| | Jake | | | | } | MILES FROM | A STATION 1 | PM | L | | | | | |
| | , Jane | | | Tr | eatment St | | i o i i i i i i i i i i i i i i i i i i | <u> </u> | | | | | | |
| ole. Mixed and ut pump & lines with 0 psl. Jo | s. Displace | plug with 8 Bbl | s of fresh w | ater, final pur | nping w/ 50 | 0 psi, land plu | g w/ 1000 ps | | | | | | | |
| Product/Service | December | | | | Unit of | Ounnite | List | Gross | | | orana katika | | | |
| Code | Description | | | | Mcasure. | Quantity | Price/Unit | Amount | | r Park | Net Amou | | | |
| 019 | Cement Pt | ımp | | | ea | 1,00 | \$950.00 | \$950.00 | | | \$760. | | | |
| 001 | | ip. One Way | | | mi | 80.00 | \$3.25 | \$260.00 | | | \$208.0 | | | |
| | | , , , , , , , , , , , , , , , , , , , | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| 022 | Cement Bu | ılk Truck | | | tm | 258.00 | \$1.30 | \$335.40 | | | \$268. | | | |
| | | | | | | | | | | | | | | |
| p009 | | nix Cement | | | sack | 75,00 | \$12.85 | \$963.75 | | | \$771. | | | |
| p013 | Bentonite Gel | | | | lb | 130.00 | \$0.30 | \$39.00 | | | \$31. | | | |
| 0024 | Pheno Sea | <u> </u> | | ··········· | lb | 25.00 | \$1.70 | \$42.50 | | | \$34.0 | | | |
| 0013 | Bentonite (| | | | lb | 100,00 | \$0.30 | \$30.00 | | | 604 | | | |
| 0039 | Rubber Plu | | | | ea | 1.00 | \$48.00 | \$48.00 | | | \$24. \$38. | | | |
| | Trubbut i ic | 19 1 1/4 | | | | 1,00 | 040.00 | \$40.00 | | | , 400. | | | |
| 02 | Vacuum Tr | uck 80 bbl | | | ea | 3.00 | \$84.00 | \$252.00 | | | \$201. | | | |
| 002 | Light Equip | o. One Way | | | mi | 80.00 | \$1.50 | \$120.00 | | | \$96.0 | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Providence: | | | | | | | Bring Bill | | | | | | |
| | | | gle (or _{bee} r) | 3.70 Testal | | ¥155-744 | | | gerika era | 308 0 | 人工从的成功 | | | |
| | | | Colonia ven | | 350 | | V 20 20 20 | | | | 04000 | | | |
| RMS; Cash in advan | | rane Services Inc. /H | | d credit prior to | *************************************** | (4)5×75×50 | | | 575 Sept 1 | 食利物 | | | | |
| e. Credit terms of sal | e for approved a | accounts are total inv | olce due on or b | efore the 30th day | | | Gross: | \$ 3,040.65 | Net: | \$ | 2,432.5 | | | |
| m the date of invoice a of 1 ½% par month | or the maximum | allowable by applica | ble state or fede | eral laws if such | Total | Taxable | \$ 898.60 | Tax Rate: | 6.150% | | | | | |
| we limit interest to a lesser amount. In the event it is necessary to employ an agancy and/or torney to affect the collection of said account, Customer hereby agrees to pay all fees directly rindirectly incurred for such collection. In the event that Customer's account with HSI accomes delinquent. HSI has the right to revoke any and all discounts previously applied in | | | | ay all fees directly | Frac and Acid service treatments designed with Intent to increase production on newly drilled or Sale Tax: \$ | | | | | | 55.2 | | | |
| | | | | existing wells are not taxable. Total: \$ 2,487. | | | | | | | | | | |
| iving at net invoice pr come immediately du | tce, Upon revoc | ation, the full invoice | price without dis | count will | 1-11-201 | 7 | | | | | | | | |
| od for 30 days from th | ie date of issue. | Pricing does not incl | ude federal, stat | le, or local taxes, | HSI Represer | lative: | Brad Butler | | , | | | | | |
| royallies and stated price adjustments. Actual charges may vary depending upon time, julpment, and material ultimately required to perform those services. Discount rate is based | | | | | | | | ner Comments: | | | | | | |
| | n 30 days net payment terms or cash. | | Continui Comments. | | | | | | | | | | | |
| | | | | i | | | | | | | | | | |
| 30 days net payment SCLAIMER NOTICE: s technical data is pro | esented in good | | | | | | | | | | | | | |
| 30 days net payment SCLAIMER NOTICE: | esented in good recommendation rvice, The Infor | ns made concerning r mation presented is H | esults to be obta ISI best estimate | sined from the of the actual | | | | | | | | | | |