KOLAR Document ID: 1348747

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. R East
Address 2:	Feet from North / South Line of Section
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.xxxxxx)
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)
	Chloride content:ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date Recompletion Date	Countv: 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	, 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	val tested, time tool rature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			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
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	Y€ Y€	es No								
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	Type of Cement		# Jacks Useu		Type and reseminatives			
Plug Off Z										
Did you perform Does the volum Was the hydraul	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)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		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)		
Shots Per Foot	Perforation Top	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	Renaissance Resources, LLC
Well Name	BARBARA J. WELLS TRUST 1
Doc ID	1348747

Tops

Name	Тор	Datum
Admire	248	+1000
Indian Cave	322	+926
Tarkio	367	+881
Emporia	418	+830
Howard	620	+628
Severy	645	+603
Topeka	680	+568
Deer Creek	760	+488
Oread	963	+285
Heebner	997	+251
Douglas	1048	+200
latan	1153	+95
Brown Lime	1252	-4
Lansing "B" Zone	1285	-37
Base / KS City	1588	-340
Marmaton	1643	-395
Pawnee	1722	-474
Base / Ft. Scott	1739	-491
Penn Conglom	1779	-531
Arbuckle	1805	-557
Pre-Cambrian	1895	-647
Loggers TD	1939	-691

Form	ACO1 - Well Completion
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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	220	60-40 PozMix	3%CaCl2, 2%gel,1/4 #Flo-Seal

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. 3111

Foreman STEVE MARY

Camp Euroraks

Date	Cust. ID#	Lease	& Well Number		Section	Tov	vnship	Range	County	State
12.28.16		Barbara	I Wells Tru	(ST)	13	19		6E	Chase	15
Customer				Safety	Unit#		Driv	/er	Unit #	Driver
Renaiss	ance Re	Sources	LLC	Meeting	104		Man	m.		
Mailing Address	TINNET BY				112		Rick	4.		
P.O. Box	305									
City		State	Zip Code							
Derby		KS	67037							
Job Type	Maria.	Hole Dep	th		Slurry Vol.			1	Tubing	
Casing Depth_	225'	Hole Siz	e 12'4		Slurry Wt Drill Pipe					
					Water Gal/SK Other					and the second s
Displacement_	13 4 665	Displace	ment PSI		Bump Plug to			E	вРМ	
Remarks: So	FTY Mes	Ting: Ris	UP TO 8 48 C	asino	Break	Cit	· ulaTi	en W/	JOBBIS 5.	resh
			140 Poz mi							
Flo-Seal	Per/sk	Displa	ce W/13/4	bbi F	resh wat	EC.	_5.	BUT	well in	
Good Co	menT R	-Turns To	Surface	466	s ropit	Τ,				
		plete /								
	in Love									
	and George Street			1	1-11-0			gri sider		

				
Code	Qty or Units	Description of Product or Services	Unit Price	Total
6101	1	Pump Charge	840.00	840.00
C/07	30	Mileage Appleads to the second	3.95	118,50
	HATEREN			
C203	1255ks	60/4/0 Pozmix Cament	12.75	1593.75
C205	325 [#]	Cocle 3%	.60	195.00
C206	215 ⁸	Flo-Seal 14 portsk	.70	43.00
CZOS	30#	Flo-Seal "4" per/sk	2.25	67.50
		TOTAL CONTROL OF A WAR ART SHOW IN THE STATE OF THE SHOW HAT		
C/05 A	5.377cm	Tonniloge Bulk Truck	NYC	343.00
			Kein Habita	
		Jotal 3270.25		
		- 163.51 5% Discount		
		(3/06.74)		LATE OF THE STREET
		Toje Check + 3024	5ab ToTal	3202,75
			Sales Tax	67.50
Authoria	zation	Title	Total	3270.25

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



APT \$ 15.017-20925-00.00 FOREMAN FUZTY

TICKET NUMBER LOCATION EL Decado

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEWIENI								
DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER		Barbara	J. W.	115	13	19	6	Chase
					rainte et financia (n. 1		San Carlotte Control	C 1/4/09 C
RENAISS	Ance k	+500 ree	SLLC		TRUCK#	DRIVER	TRUCK#	DD# (ED
MAILING ADDRESS	S						TRUCK#	DRIVER
107 €.	Pine M	1	+	-	603	Josemy.		augidi keda
CITY					167	mark		《三共中国》
		STATE	ZIP CODE		725	Fuzzy		7120V51 3 13
Andove	ik.	155	67007					
JOB TYPE	Market Committee	HOLE SIZE	315	HOLE DEPTH	1940'	CASING SIZE & W	EICUT	
CASING DEPTH		DRILL PIPE	kl	TUBING				
SLURRY WEIGHT_	156	SLURRY VOL	6.2 HAL	WATER gal/sk	5.2 allo	CEMENT LEET IN	OTHER	
DISPLACEMENT_		DISPLACEMENT	r PSI	MIX PSI		RATE	CASING	
REMARKS: SAJ	em chi	as city	Summer	+ 10-10		0 1		0
			JOK MI		. 1-30	b bro blow	T WZ OLY	ered.
35545 6	@ 1800	- 1						
crivolitie.	rement	To suica	10 S.	2/21	05/0	inting w	6.4	- 4-
Topoga	PEAGL	こいなり	10-kg	3 4 6	2000	ATING W	44 80	SFS
Paid by	Check #	3005	A Maria	S400	9013			
Johnst	b v ₂	7 7	17 M SO K V	01.40	0.7			
76	300K	WINK, TA	r's			Thanks Fi	2744 Cre	w
							STORES BUSINESS	* 14-14-14

whom y		al la tradición de la company de la comp		
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
(E0451		PUMP CHARGE		
(60002	55	MILEAGE	7 15	1900 35
(60711	5.9 Ton	Tow mileage polivery (min)	66000	39325
((5800A	12-55KS	Class A' rement	2000	250000
				~ 3CO
		1 abobelus		5453 25
		disrount		2726 63
Ravin 3737	1 August		SALES TAX	167 30
AUTHORIZTION	KANG-		ESTIMATED TOTAL	7884 13
NO THORIZ HON_		TITLE CARROLL SALES OF THE SALE	DATE	

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.