

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1350683

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

| Name: Address 1: | OPERATOR: License # | API No. 15 |
|--|---|---|
| State Zip | Name: | Spot Description: |
| City: | Address 1: | |
| City: | Address 2: | Feet from North / South Line of Section |
| Contact Person: | | |
| Ne | Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Name: | Phone: () | |
| Name: Wellsite Geologist: Datum: NAD27 NAD83 WGS84 | CONTRACTOR: License # | GPS Location: Lat: |
| Datum: NAD27 NAD83 WGS84 County: | | (e.g. xx.xxxxx) (e.gxxx.xxxxx) |
| Purchaser: | | Datum: NAD27 NAD83 WGS84 |
| Designate Type of Completion: New Well | | County: |
| New Well | | |
| Oil | | |
| Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): Well Name: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: GSW Permit #: GSW Permit #: GSW Permit #: Conv. to GSW Conv. to Conv. | ☐ New Well ☐ Re-Entry ☐ Wor | |
| Gas D&A ENHR SIGW OG GSW Temp. Abd. CAthodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to Producer Plug Back Conv. to GSW Conv. to Producer Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: GSW Permit #: GSW Permit #: Operator Name: Ogerator Name: Count of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet Multiple Stage Cementing Collar Used? | ☐ Oil ☐ WSW ☐ SWD | SIOW Elevation: Ground: Kelly Bushing: |
| GM (Coal Bed Methane) | Gas D&A ENHR | ☐ SIGW |
| Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No | ☐ OG ☐ GSW | iemp. Abd. |
| If Workover/Re-entry: Old Well Info as follows: Operator: | | |
| Coperator: | Cathodic Other (Core, Expl., etc.): | Multiple Stage Cementing Collar Used? |
| Well Name: | If Workover/Re-entry: Old Well Info as follows: | If yes, show depth set: Feet |
| Original Comp. Date: Original Total Depth: Deepening | Operator: | If Alternate II completion, cement circulated from: |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: | Well Name: | feet depth to:w/sx cmt. |
| □ Plug Back □ Conv. to GSW □ Conv. to Producer (Data must be collected from the Reserve Pit) □ Commingled □ Permit #: | Original Comp. Date: Original Total Dept | th: |
| Commingled Permit #: Dual Completion Permit #: Dewatering method used: | ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ | Conv. to SWD Drilling Fluid Management Plan |
| Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. B. East West | ☐ Plug Back ☐ Conv. to GSW ☐ | Conv. to Producer (Data must be collected from the Reserve Pit) |
| Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Dewatering method used: Operator Sec. Twp. S. B. East West | | |
| Dual Completion | | Dewatering method used: |
| □ ENHR Permit #: | | |
| GSW Permit #: Operator Name: License #: License #: Ouarter Sec. Twp. S. B. East West | | · · · · · · · · · · · · · · · · · · · |
| Lease Name: License #: | | Operator Name: |
| Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R East West | □ GSVV Permit #: | |
| Spud Date or Date Reached TD Completion Date or | | QuarterSecTwpS. R ☐ East ☐ West |
| Recompletion Date | · | letion Date or — — — — — — — — — — — — — — — — — — |

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 Approved by: Date: | | | | | |



| Operator Name: | | | Lease Name | e: | | Well #: | |
|---|------------------------------|--|---------------------|---------------------------------------|------------------------|------------------|---------------------------|
| Sec Twp | S. R | East West | County: | | | | |
| open and closed, flow | ving and shut-in press | formations penetrated. I ures, whether shut-in pre vith final chart(s). Attach | essure reached s | static level, hydrosta | itic pressures, bott | | |
| | | btain Geophysical Data a or newer AND an image | | | ailed to kcc-well-lo | gs@kcc.ks.go | v. Digital electronic log |
| Drill Stem Tests Taker (Attach Additional | | Yes No | | _ • | on (Top), Depth ar | | Sample |
| Samples Sent to Geo | logical Survey | ☐ Yes ☐ No | N | lame | | Тор | Datum |
| Cores Taken Electric Log Run | | Yes No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | | RECORD | New Used | ion ata | | |
| D (0): | Size Hole | Size Casing | Weight | Setting | Type of | # Sacks | Type and Percent |
| Purpose of String | Drilled | Set (In O.D.) | Lbs. / Ft. | Depth | Cement | Used | Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | ADDITIONAL | CEMENTING / S | SQUEEZE RECORD | | | |
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Sacks Used Type and Percent Additives | | | |
| Perforate Protect Casing | rop Bottom | | | | | | |
| Plug Back TD Plug Off Zone | | | | | | | |
| Flug On Zone | | | | | | | |
| Did you perform a hydra | ulic fracturing treatment o | on this well? | | Yes | No (If No, ski | p questions 2 ar | nd 3) |
| Does the volume of the t | total base fluid of the hydr | raulic fracturing treatment ex | ceed 350,000 gall | ons? Yes | No (If No, ski | p question 3) | |
| Was the hydraulic fractur | ring treatment informatior | n submitted to the chemical | disclosure registry | ? Yes [| No (If No, fill | out Page Three | of the ACO-1) |
| Shots Per Foot | | ON RECORD - Bridge Plug | | | cture, Shot, Cement | | |
| | Specify F | Footage of Each Interval Per | forated | ed (Amount and Kind of Material Used) | | | Depth |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: | | | |
| | | 1 | | L | Yes No | | |
| Date of First, Resumed | Production, SWD or EN | HR. Producing Metl | hod: Pumping | Gas Lift 0 | Other <i>(Explain)</i> | | |
| Estimated Production | Oil E | Bbls. Gas | | | | as-Oil Ratio | Gravity |
| Per 24 Hours | Oii E | 2013. Gas | IVICI | vvater D | ono. | aus-∪ii ∏aliU | Gravity |
| | | | | | | | |
| | ON OF GAS: | | METHOD OF COM | | | PRODUCTIO | ON INTERVAL: |
| Vented Solo | | Open Hole | | | mmingled mit ACO-4) | | |
| (If vented, Su | bmit ACO-18.) | Oth - (0 (6) | | | | | |

| Form | ACO1 - Well Completion | | |
|-----------|-----------------------------------|--|--|
| Operator | Birk, Brian L. dba Birk Petroleum | | |
| Well Name | SUTHERLAND 34 | | |
| Doc ID | 1350683 | | |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | | | Type Of Cement | | Type and Percent Additives |
|----------------------|----------------------|-----------------------|-----|------|-------------------|-----|----------------------------------|
| Surface | 9.875 | 7.0 | 17 | 40 | Portland | 10 | Calcium |
| Production | 5.875 | 2.875 | 6.5 | 1127 | Portland | 140 | 0 |
| | | | | | | | |
| | | | | | | | |