Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1362266

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 #			API No. 15					
Name:			Spot Description:					
Address 1:			Sec	TwpS. R	East West			
Address 2:			Feet from North / South Line of Section					
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:					
Phone: ()			□ NE □ NW	V □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:	W	/ell #:			
	e-Entry	Workover	Field Name:					
	_		Producing Formation:					
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	:			
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total C	Depth:			
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet			
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No					
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet			
Operator:			If Alternate II completion, c	cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.			
Original Comp. Date:								
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan				
☐ Plug Back	Conv. to G		(Data must be collected from the					
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls			
Dual Completion			Dewatering method used: _					
SWD			Location of fluid disposal if	hauled offsite				
☐ ENHR			1					
GSW	Permit #:		Operator Name:					
_ _			Lease Name:	License #:_				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West			
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
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

1362266

Operator Name:				Lease N	lame: _				. Well #:		
Sec Twp	S. R	East	West	County:							
INSTRUCTIONS: Shopen and closed, flow	now important tops of fi ving and shut-in pression o surface test, along w	ormations pures, wheth	enetrated. Der shut-in pre	etail all cor ssure reach	es. Rep ned stati	ort all final c c level, hydr	copies of dril	l stems te	sts giving inter	val teste	
	g, Final Logs run to ob ed in LAS version 2.0 c					ogs must be	emailed to k	cc-well-lo	gs@kcc.ks.gov	/. Digital	electronic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No		_		nation (Top),	Depth ar			Sample
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	е			Тор		Datum
Cores Taken Electric Log Run		☐ Yes ☐ Yes									
List All E. Logs Run:											
				RECORD	Ne						
	0: 11.1	•	all strings set-c		· · · · · · · · · · · · · · · · · · ·	1			" 0 1		
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth		rpe of ement	# Sacks Used		and Percent Additives
			ADDITIONAL	CEMENTIN	IG / SQL	JEEZE RECO	ORD				
Purpose: Depth Top Bottom		Type of	f Cement	# Sacks	Used			Type and F	ercent Additives		
Protect Casing Plug Back TD Plug Off Zone											
Does the volume of the t	ulic fracturing treatment o otal base fluid of the hydr ring treatment information	aulic fracturir	_		_	Yes Yes Yes	No No No	(If No, ski	ip questions 2 an ip question 3) out Page Three o		O-1)
Shots Per Foot	PERFORATIO	N RECORD	- Bridge Plug	s Set/Type		Acid	, Fracture, Sho		Squeeze Record	t	Depth
	Ореспу 1	ootage of La	cii iiileivai i eii	orated			(Amount and	KING OF WA	neriai Oseuj		Берит
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes	☐ No			
Date of First, Resumed	Production, SWD or ENH	HR.	Producing Meth	nod:	a 🗌	Gas Lift	Other (Exp	olain)			
Estimated Production Per 24 Hours	Oil E	Bbls.	Gas	Mcf	Wat	er	Bbls.	(Gas-Oil Ratio		Gravity
DISPOSITI	ON OF GAS:			METHOD OF	COMBLE	TION:			PRODUCTIO	NI INITED	
Vented Solo		Ор	en Hole	Perf.	Dually	Comp.	Commingled		FRODUCTIC	/N IIN I EM	VAL.
	bmit ACO-18.)	Oth	ner <i>(Specify)</i>		(Submit)	4 <i>CO-5</i>)	(Submit ACO-4				

Form	ACO1 - Well Completion
Operator	Deutsch, Kent A. dba Deutsch Oil Company
Well Name	ZINK 'B' 1-4
Doc ID	1362266

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10.758	8.625	23	297	commom	400	2% gel,3% cc.,1/4# celflake
Surface	7.875	5.5	15.5	4118	AA2	150	FLA 22, Gilsonite 1%



TREATMENT REPORT

Deutch O'l Conpany					L	Lease No.							Date					
Lease Z	Pinse L	3			V	Vell# /	-4								1201	フ		
Field Order			198.	L,10	5			Casing	SIF	Depth	300	County	Pr	Str		Sta	ate ICS	
Type Job									Fo	rmation	プロ -	300		Legal De	escription	4-	265-11W	
PIP	E DATA		PER	FORA	TING	DATA		FLUID (JSED			Т			RESUMI			
Gain Size	Tubing S	ize	Shots/I	Ft			Acid					RATE	PRES	SS	ISIP			
Depth 300	Depth		From		То	**************	Pre	Pad			Max				5 Min.			
Volume 19	Yolume		From		То		Pad	3.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00			Min				10 Min.			
Max Press	Max Pres	SS	From		То	~ 3~21/~~~	Frac				Avg				15 Min.			
Well Connect	ion Annulus	Vol.	From		То						HHP Us	ed			Annulus	Press	ure	
Plug Depth	Packer D		From		То		Flus	h Fresh	WSA	°r	Gas Vol				Total Loa			
Customer Re	presentative	mi	ke K	Err	15	Station	Mana	ger D ⊊v	1183	scer	·_	Treat	ter \mathcal{D}	Srin	Fran	Klin		
Service Units	92911	38	115	193	520	708	58	18862										
Driver Names	Derin	Ch		Che	٥	Birs	n E	Prysh										
Time	Casing Pressure		ubing essure	Bbls	s. Pum	ped	F	Rate					Servic	e Log				
2:30pm											1/50							
								200 Sk D Serv Lite, 6% Ge1, 3%							3%cc			
							AC	cuofi	chisic, 13,3 pps, 1,66 veris, 8,39 we.									
			- Constitution of the Cons						20	0516	Cor	men	Cen	rent,	3%0	c., .	20/069	
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		-	Spinister - Office	-														
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3:30pm		I		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9		-17	<u> </u>			in		3810	<u> </u>		***************************************		
<i>y p.</i> ()						 			200	00	<u> </u>							
									Cer	nen	۷ کاری	Circu	100	- 10	Alec		A CONTRACTOR OF THE PROPERTY O	
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											Tub	Cor	n Die	11/1	2500	d Cr	· e 2	
										Jub Complete/ Drink Crea								

1024	4 NE Hiv	/ay	61 • F	² .O. E	SOX 8	8613 •	Pra	tt, KS 6	7124	-861	3 • (62	0) 672	-1201	• Fax	(620)	672-	-5383	



energy services, L.P.

TREATMENT REPORT

Customer	sch C	2:1	Con	wan		Lease No).					Date			Western Co.		
Lease in		}		Pari.		Well #	-4					4	11	c //	7		5
Field Order		onp	14	h	٠,٢			Casing	1/2	Depth)	County	Das	II.		Ţ,	State
Type Job/	Lor		5/1	ng		20	17	1 2,	Fo	rmation		/	70	Legal I	Description	on	265 R 114
PIF	PE DATA		PER	FORAT	TINC	3 DATA		FLUID	USED)		-	ΓRΕΑ	TMENT			LES I HO
Casing Size	Tubing S	Size	Shots/F	ŧ			Acid	d				RATE	PRE		ISIP		
Depth 18.	Denth		From		То	***	Pre	Pad	1386		Max				5 Mir	٦.	
Volume 98,010	7 Volume		From		То		Pad				Min				10 M	in.	
Max Press	Max Pre		From		То		Frac	9			Avg				15 M	in.	
Well Connect			From		То						HHP Used				Annu	lus Pre	ssure
Plug Depth	Packer I	577	From		То	,	Flus				Gas Volun				Total	Load	
Customer Re	presentative	re.	Kei	71		Station	n Mana	liger Justin	4	lester	man	Trea	ter Sc	oH (G.		
Service Units	\$450	78	3987	867	75	8499	0	19860					***************************************				
Names	Scott Casing	S	haw Tubing			Cym	er										
Time	Pressure		essure	Bbls.	. Pun	nped	F	Rate					Servi	ce Log			
12:50		_							On	Loc	cution	5	fer	4 19	retu	na	Rigas
3:00		+							Rus	1 /	Float	Egy	cijo	mer	7	Sen	ket #6
		.							Tu	bos	1,3	,5,	7,9	111			
4150		-							Bre	ak	Circ	Mor	1101	7 -	Star	1	Rotating
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

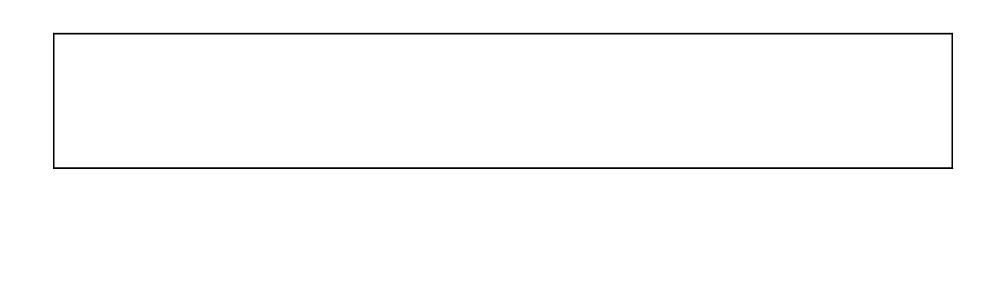
Fracture Start Date/Time:	6/2/17 12:25
Fracture End Date/Time:	6/2/17 14:09
State:	Kansas
County:	Pratt
API Number:	
Operator Number:	
Well Name:	Zink B #1-4
Federal Well:	Yes
Tribal Well:	No
Longitude:	0.1111
Latitude:	0.1111
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	
Total Clean Fluid Volume* (gal):	357,376
·	



Additive	Specific Gravity	Additive Quantity
WATER	1.00	357,376
Sand	2.65	179,500
Pexcide P5	0.96	40
Plexcide P5	0.96	40
Plexslick 957	1.11	259
Clayplex 650	1.15	185
Plexgel Breaker XPA	1.03	73
Plexsurf 580 ME	1.04	93
Plexsurf 580 ME	1.04	93

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	2,982,303
Sand	Superior Silica Sand	Proppant	Crystalline Silica in the form of quartz	14808-60-7	100.00%	179,500
Plexcide P5	Chemplex	Biocide	Tributyl Tetradecyl Phosphonium Chloride	81741-28-8	5.00%	16
Plexcide P5	Chemplex	Biocide	Methanol	67-56-1	20.00%	64
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	600
Chemplex 650	Chemplex	Clay Control	Ethanaminium 2-hydroxyN, N, N-trimethyl Chloride	81741-28-8	35.00%	621
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	44
Plexsurf 580 ME	Chemplex	Surfactant	Methyl Alcohol	67-56-1	25.00%	202
Plexsurf 580 ME	Chemplex	Surfactant	2-Butoxyethanol	111-76-2	50.00%	404



Mass (lbs)				
2,982,303	gal			
179,500	lb			
320	gal			
320	gal			
2,399	gal			
1,775	gal			
627	gal			
807	gal			
807	gal			
	gal			
Total Slurry Mas	s (Lbs)			
3,168,860				
Maximum Ingr	edient			GI.

Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments	Claimant Company	Claimant First Name	Claimant Last Name	Claimant Email	Claimant Phone (nnn-nnn-nnnn)
94.11280%						
5.66450%						
0.00051%						
0.00202%						
0.01893%						
0.01961%						
0.00139%						
0.00637%						
0.01274%						
			-			

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