

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1363516
OIL & GAS CONSERVATION DIVISION

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:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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: _____

1363516

Operator Name: _____ Lease Name: _____ Well #: _____

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

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	HANKS-EITEL UNIT 3
Doc ID	1363516

Tops

Name	Top	Datum
Anyhdrite	2110	+603
Heebner	3961	-1248
Toronto	3983	-1270
Lansing	4002	-1289
Stark	4258	-1545
BKC	4326	-1613
Marmaton	4333	-1620
Pawnee	4471	-1758
Ft. Scott	4508	-1795
Cherokee	4531	-1818
Cherokee Sand	4585	-1872
Mississippian	4652	-1939
LTD	4682	-1969
RTD	4680	-1967

PEA100

PEAK WIRELINE SERVICES, INC.

P.O. Box 864
Cheyenne Wells, CO 80810
Phone 719-767-8707
Fax 719-767-5522

6229

REMIT TO:

DATE 6-16-17

Invoice

CHARGE TO: Mull Drilling Company

ADDRESS

LEASE AND WELL NO. HE4 #2 FIELD

NEAREST TOWN COUNTY LANE STATE KS

CUSTOMER'S ORDER NO. SEC. 20 TWP. 17S RANGE 27W

ZERO K.S. CASING SIZE 4 1/2 WEIGHT

CUSTOMER'S T.D. PEAK WL SERVICES T.D. FLUID LEVEL

ENGINEER OPERATOR

Table with columns: CODE REFERENCE, DESCRIPTION, NO HOLES, DEPTH FROM, DEPTH TO, AMOUNT. Includes rows for PERFORATING and PLUGS, PACKERS, AND OTHER.

Table with columns: CODE REFERENCE, RUN NO., PREVIOUS INVOICE NO., AMOUNT. Includes rows for TRUCK RENTAL and DEPTH OF OPERATIONS CHARGES.

PAID

RECEIVED

JUL 05 2017

JUL 14 2017

Accounting Dept.

MULL DRILLING CO. WICHITA, KS

SUB TOTAL 2150

TAX 161 25

PLEASE PAY FROM THIS INVOICE TOTAL 2311 25

RECEIVED THE ABOVE SERVICE ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED BELOW WHICH WE HAVE READ AND TO WHICH WE HEREBY AGREE.

Customer: [Signature] 6-16-17

General Terms and Conditions

- (1) All accounts are to be paid within the terms fixed by Peak Wireline Services invoices; and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice.
(2) Because of the uncertain conditions existing in a well which are beyond the control of Peak Wireline Services, it is understood by the customer that Peak Wireline Services cannot guarantee the results of their service and will not be held responsible for personal or property damage in the performance of their services.
(3) Should any of Peak Wireline Services instruments be lost or damaged in the performance of the operation requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Peak Wireline Services for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
(4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones, as shot were approved.
(5) The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Peak Wireline Services is in proper and suitable conditions for the performance of said work.
(6) No employee is authorized to alter the terms or conditions of this agreement.