Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1369148

Form ACO-1 November 2016 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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) 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:
	feet depth to:w/sx cmt.
Well Name:	w/sx cm.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Plug Back Liner Conv. to GSW Conv. to Producer	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. 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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	1369148
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INSTRUCTIONS: Show important tops of formations penetrated	etail all cores Benort all final	copies of drill stems tests giving interval tested, time tool

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 tional Sheets)	[Yes No	[Log	Formatic	n (Top), Depth	and Datum	Sample
Samples Sent to		vey	Yes No	1	Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	/ Mud Logs		Yes No Yes No Yes No						
			CASING Report all strings set	RECORD	New	Used	on. etc.		
Purpose of St		e Hole rilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	5	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONA	L CEMENTING /	SQUEEZE	RECORD			
Purpose: Perforate		epth Bottom	Type of Cement	# Sacks Use	d		Type an	d Percent Additives	
Protect Ca	TD								
	one								
	e of the total base	fluid of the hydrau	his well? lic fracturing treatme ubmitted to the chemi		-	Yes Yes	No (If No,	skip questions 2 ar skip question 3) fill out Page Three	
Date of first Produ Injection:	iction/Injection or F	Resumed Productic	on/ Producing Me	thod:	Gas Li	ft 🗌 C	ther <i>(Explain)</i>		
Estimated Produce Per 24 Hours		Oil Bbls.	Gas	Mcf	Water	BI	ols.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GAS	:		METHOD OF COM	MPLETION:			PRODUCTIO	ON INTERVAL:
Vented	Sold Use	d on Lease	Open Hole		Jually Comp.		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18.)		(S	ubmit ACO-5	i) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze (ind of Material Used)	

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	PARKE 1-7 YEP
Doc ID	1369148

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	218	commom	150	60/40 poz

Phone 785-483-2025 Cell 785-324-1041	Home Offi	ce P.O. B	ox 32 Rus	sell, KS 6766	5 No.	226
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Bulktrk 9 No. Driver	toul		Calcium 6		A State S	Nortection
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X Signature