KOLAR Document ID: 1370996

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:							
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.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:						
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:						
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:						
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet						
CM (Coal Bed Methane)							
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?						
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)						
Described	Chloride content: ppm Fluid volume: bbls						
☐ Commingled Permit #:	Dewatering method used:						
SWD Permit #:	Location of fluid disposal if hauled offsite:						
EOR Permit #:	Location of fluid disposal if flauled 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	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:							

KOLAR Document ID: 1370996

Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:	Top Bottom					Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a Does the volume Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:				
TODING RECORD:	. 3126.	Set	n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	MORPHEW 3
Doc ID	1370996

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	20	297	60 / 40 POZ		2% Gel & 4% CC
Production	7.875	4.5	10.5	3824	ASC	200	10% Salt

ALLIED CEMEN 1.

JO., INC.

REMIT TO P.O. BOX 31 SERVICE POINT: RUSSELL, KANSAS 67665 TWP. RANGE CALLED OUT ON LOCATION JOB START JOB FINISH DATE 2 22 COUNTY STATE LOCATION OLD OR NEW (Circle one) CONTRACTOR OWNER TYPE OF JOB CEMENT HOLE SIZE T.D. CASING SIZE DEPTH AMOUNT ORDERED **TUBING SIZE** DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX **MINIMUM** COMMON MEAS. LINE SHOE JOINT **POZMIX** CEMENT LEFT IN CSG. **GEL** PERFS. 28.00 224.00 **CHLORIDE** (a) **EQUIPMENT** (a) @ **PUMP TRUCK** CEMENTER @ 153 HELPER HANDLING @ 105 210.0€ **BULK TRUCK** MILEAGE 59 m 11.0 DRIVER **BULK TRUCK** TOTAL 1928,00 DRIVER **REMARKS:** SERVICE **DEPTH OF JOB** 445.06 PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE 59.0 PLUG. @ 45.00 @ @ TOTAL 62865 CHARGE TO: FLOAT EQUIPMENT CITY Wichely STATE Kan ZIP 6/202 @ @ @ (a) TOTAL _ TAX .__ To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment TOTAL CHARGE and furnish cementer and helper to assist owner or DISCOUNT IF PAID IN 30 DAYS contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND

CONDITIONS" listed on the reverse side.

SIGNATURE

ALLIED CEMENTING CO., INC.

2310

REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665	SERVICE POINT:
DATE / - 4.96 SEC. TWP. RANGE	CALLED OUT ON LOCATION JOB START JOB FINISH 1201 FM 3:00 PM 8:00 PM 8:30
LEASE NORTHEN WELL# 3 LOCATION H; I (OLD OR NEW) (Circle one)	COUNTY STATE CHAHAM KANSAS
CONTRACTOR WHITE & ELLIS DRIG RIGHT	
TYPE OF JOB PRODUCTION STRING HOLE SIZE 7 28 T.D. 3826	CEMENT
CASING SIZE 4 DEPTH 3824'	AMOUNT ORDERED 2003K ASC. 10254
TESTING SIZE FORT COMPT © DEPTH 1858' DRILL PIPE DEPTH	500 GAL WER 2 Flush
TOOL AFU INSERT DEPTH 38/5' PRES. MAX 1,000 # MINIMUM	(10) II (10)
PRES. MAX (, 000 # MINIMUM MEAS. LINE SHOE JOINT 8	COMMON@ POZMIX @
CEMENT LEFT IN CSG. 8 - CE	GEL @
PERFS.	CHLORIDE @ 785 1570.0
EQUIPMENT	Salt 20 @ 735 1570.00
	WERZ 500391@ 100 5000
PUMP TRUCK CEMENTER # 172 HELPER 2014	@
# 177 HELPER QUILLE BULK TRUCK	HANDLING @ 105 2100
# 213 DRIVER Fact	MILEAGE 59m 04 472.00
BULK TRUCK # DRIVER	TOTAL 239 2. 0
REMARKS:	SERVICE
	DEPTH OF JOB
FLOST HELD	PUMP TRUCK CHARGE 10 30.0
	EXTRA FOOTAGE @ @
IS SK @ RAT HOLE JOHN	PLUG 1- 4 12 RUSBER @ 380.
1 SK (w) K4T Hala	
TO SEE TOTE HOTE	@
The second of th	@@
CHARGE TO: VINCENT On CORPORATION	@
	@ @ ТОТАL / 2.06.6
CHARGE TO: VINCENT ON CORPORATION	TOTAL 1 2 0 6 6 (BAKER) FLOAT EQUIPMENT
CHARGE TO: VINCENT ON CORPORATION	TOTAL 1 2 0 6 6 (BAKER) FLOAT EQUIPMENT 1 - Guine Sthe. @ 140 00
CHARGE TO: VINCENT ON CORPORATION	TOTAL 1 2 0 6 6 (BAKER) FLOAT EQUIPMENT
CHARGE TO: VINCENT ON CORPORATION	@ TOTAL 1 2 0 6 6 (BAKER) FLOAT EQUIPMENT 1 - Guins Sthe @ 140 0 1 1 1 40 0 1 1 40 0 1 1 1 1
CHARGE TO: VINCENT On CORPORATION	### TOTAL 1 2 0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
CHARGE TO: VINCENT ON CORPORATION	@ TOTAL 1 2 0 6 6 (BAKER) FLOAT EQUIPMENT 1 - Guins Sthe @ 140 0 1 1 1 40 0 1 1 40 0 1 1 1 1
CHARGE TO: VINCENT On CORPORATION STREET CITY STATE ZIP	### TOTAL 1 2 0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
CHARGE TO: VINCENT On CORPORATION	## TOTAL 2066 BAKER FLOAT EQUIPMENT Couing Store

SIGNATURE FOR TWINE

CONDITIONS" listed on the reverse side.

done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND

ALLIED CEMENTING CO., INC. 4387

REMIT TO P.O. BOX 31 **RUSSELL, KANSAS 67665**

CONDITIONS" listed on the reverse side.

SERVICE POINT:

						D) (~1	241
DATE 2-13-96	SEC.	TWP.	RANGE	CALLED OUT	ONLOCATION	JOB START	JOB FINISH
LEASE A pachow		3	LOCATION 2N			COUNTY	STATE
OLD OR NEW (Circ	le one)		LOCATION	E DE FII	110,15	1	N
obb of the (che	ic one)			-			
CONTRACTOR #	O.F	ales	Seaux c	OWNER			
TYPE OF JOB	415	1456		-	_	CEMENT	
HOLE SIZE		T.D	the Control of the Co	<u>.</u>			
CASING SIZE 45	7	3.52/11/2	PTH	_ AMOUNT OF	RDERED	7 1 0	
TUBING SIZE 2	<u></u>		PTH	J. Stark	1400 67660	to "1-10	Sec/
TOOL AS do			TH 1759	*			
PRES, MAX			NIMUM	COMMON	300	@ 1.10	18300
MEAS. LINE			DE JOINT	POZMIX	200	@ 3/5	630€
CEMENT LEFT IN C	CSG.			GEL	26	@ 450	247.00
PERFS.				CHLORIDE		@	/
				Flose	11 125#	@ 1.15	143 25
	EQU	IPMENT				@	
						_ @	-
		ER				_ @ 	
	ELPER			HANDLING		@ 105	5 25.00
BULK TRUCK # DF	MACD			MILEAGE _S	9-2		1180.00
# DF BULK TRUCK	RIVER			-			71 0 070
	RIVER					TOTAL	45557
<u> </u>	11 / 1311			e e			
BREZO		MARKS:	100 #	DEPTH OF JO			
F.C. 1858	4 0	0		PUMP TRUCI	K CHARGE		550.00
Serger Ly	200	SE 694	106% 62 t F1	EXTRA FOOT	rage	@	CHARLES
Sement d			i iperiore		54		130,65
SCHINIT C	La .	W. O. T.	er he college	FLOG		_ @ 	
					***************************************	@	* ·
¥1							367
						TOTAL	638.65
CHARGE TO: LL	ncen	1011	Coax	_		48	
STREET / de la				FLOAT EQU	IPMENT		
CITY Wich Ta	ST:	ATE <u>Ka</u>	ZIP 6.720	2			
						@	
						@	
						-	
						TOTAL	
						10111	,
				TDA 37			
To Allied Cementin	g Co l	Inc.		IAX		46	
You are hereby requ			nenting equipment	TOTAL CHAI	RGE		
and furnish cemente				DISCOUNT		TE DA	D IN 20 DAYS
contractor to do wo				DISCOUNT =		IF PAI	אם מכימו ש.
done to satisfaction contractor. I have re							



VINCENT BIL CORP. MORPHEW #3 REMEDIAL CEMENT RECORD

Typs P Pa	Id Order No.: Well Name: Location: Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Morphe Hill G Raise Co Inj Old tubing &	ew #3 City ement i		Open Hole: Casing Depth: Casing Size: Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom: Total Depth:	360' 4 1/2 995' 2 3/8	Perf Do 360.0	apths (ft) 361.0	Perfs
City, State: County, Zip: Fiel Type	Well Name: Location: Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Morphe Hill C Raise Co Inj Old tubing &	ew #3 City ement i		Casing Depth: Casing Size: Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	4 1/2 995' 2 3/8		T T	Perfs
Fiel Type Pa	Well Name: Location: Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Morphe Hill C Raise Co Inj Old tubing &	ew #3 City ement i		Casing Depth: Casing Size: Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	4 1/2 995' 2 3/8		T T	Perfs
Fiel Type P Pa	Well Name: Location: Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Morphe Hill C Raise Co Inj Old tubing &	ew #3 City ement i		Casing Depth: Casing Size: Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	4 1/2 995' 2 3/8		T T	Perfs
Typs P Pa	Well Name: Location: Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Morphe Hill C Raise Co Inj Old tubing &	ew #3 City ement i		Casing Depth: Casing Size: Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	4 1/2 995' 2 3/8		T T	Perfs
Typs P Pa	Well Name: Location: Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Morphe Hill C Raise Co Inj Old tubing &	ew #3 City ement i		Casing Depth: Casing Size: Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	4 1/2 995' 2 3/8		T T	Perfs
P Pa	Location: Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Hill C Raise Ce Inj Old tubing &	ement		Casing Size: Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	4 1/2 995' 2 3/8	360.0	361.0	
P Pa	Formation: e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Raise Ce Inj Old tubing &	ement i		Tubing Depth: Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	995'			
P Pa	e of Service: Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Inj Old tubing &	1		Tubing Size: Liner Depth: Liner Size: Liner Top: Liner Bottom:	2 3/8			
P Pa	Well Type: Age of Well: Packer Type: acker Depth: eatment Via:	Inj Old tubing &	1		Liner Depth: Liner Size: Liner Top: Liner Bottom:				
P Pa	Age of Well: Packer Type: acker Depth: eatment Via:	Old	1		Liner Size: Liner Top: Liner Bottom:	1000'			
P Pa	Packer Type: acker Depth: eatment Via:	tubing &			Liner Top:	1000'			
Pa	acker Depth: eatment Via:		Casing		Liner Bottom:	1000'			
	eatment Via:		Casing			1000'			
i re			Casing		i otai Deptn:	1000			
	INJECTION								
	INJECTION	the same of the same of						Total Perfs	0
	O1 1 4100		PRESS			- 1211 - 1	PROP	HCL	FLUID
TIME	FLUID	N2/CO2	STP	ANNULUS		REMARKS	(lbs)	(gls)	(bbls)
7:30 AM					Called Out				
9:00 AM					On Location Hold S				
9:40 AM					Spot & Set Up Truc	:KS		-	
9:42 AM	1,5		50.0		Hook Up Ton Well Spot 1 Sack Sand 995'				•
5.42 AW	1,5		30.0		Shut Down Let San				3.0
					РТООН	u I dii			
10:20 AM					Hook Up To Casing			-	
10:25 AM	2.5		100.0		Pump 12 BBL's Circ				12.0
10:30 AM	2.5		170.0			00 Sacks 60/40 4% Gel			12.0
					Circulate Cement T				25.3
10:50 AM					Shut Down Wash U				20,0
11:00 AM	1.5		600.0		Start Displacement				
11:05 AM			150.0	*****	Shut Down Close V			r	5.50
					Rack Up				
11:30 AM						Off Location			
					Than	k You Please Call Again			
					9-22-	Brad Cody Brandon	×		
					·	ТОТА	AL:	-	45.80
		SUMMA	ARY		PR	RODUCTS USED	11		
5==		Avg Fl. Rate	Max PSI	Avg PSI			· · · · · · · · · · · · · · · · · · ·		
	2.5	2.0	600.0	214.0					
					100	0 Sacks 60/40 4% Gel			
			-				THE WAS		



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	Vincent Oil Corporation Customer Name:		Erik Ticket No.:		Ticket No.:	100808			
Address	155 Nmarket St. Ste 700 Contractors		HIS # 713 Date			9/22/2017			
City, State, Zip:	Wichita,Ks. 67202	Job type	Job type Raise Cement		Well Type:		Injection		
Service District:	Hays,Ks.	Wall Details:		33	Twp:	78	R	22W	
Well name & No.	Morphew #3	Well Location:	Hill City	County:	Graham	State		Ks.	
Equipment #	Driver		TRUCK CALL	.ED			AM PM	TIME	
231	231 Cody			ARRIVED AT JOB				9:00	
240	Brandon			START OPERATION				9:40	
25	Brad		FINISH OPERATION					11:05	
28	28 Todd			RELEASED					
			MILES FROM	STATION TO	WELL	· · · · · · · · · · · · · · · · · · ·		64	

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount		N	et Amount
C001	Heavy Equip. One Way	mi	120.00	\$3.25	\$390.00			\$292.50
C002	Light Equip. One Way	mi	60.00	\$1.50	\$90.00			\$67.50
C003	Ton Mileage - One way	mî	269.00	\$1.30	\$349.70			\$262.28
CP009	60/40 Pozmíx Cement	sack	100.00	\$12.85	\$1,285.00			\$963.75
CP013	Bentonite Gel	lb	376.00	\$0.30	\$112.80			\$84.60
C019	Cement Pump	ea	1.00	\$950.00	\$950.00			\$712.50
TEDUS CONTRACTOR	nce unless Hurricane Services Inc. (HSI) has approved credit prior to							
sale. Credit terms of sa	nce unless Humcane Services inc. (1951) has approved credit prior to ble for approved accounts are total invoice due on or before the 30th day s. Past due accounts may pay interest on the balance past due at the rate			Gross:	\$ 3,177.50	Net:	\$	2,383.13

HSI Representative:

Sale, Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1,5% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash.

DISCLAIMER NOTICE:

This technical data is presented in good faith, but no warranty is given by and H.S.I assumes no liability for advice or recommendations made concerning results to be obtained from the use of any product or service. The information presented is HSI best estimate of the actual results that may be achieved and should be used for comparison purposes and make no guarantee of future production performance. Customer warrants that well and all associated equipment in acceptable condition to receive services by H.S.I. Likewise, the customer will guarantee proper operational care of all customer owned production and associated equipment, while H.S.I. is on location performing services which could adversely affect the performance of such services. Authorization below acknowledges receipt and acceptance of all terms and conditions stated

	Gross:	\$ 3,177.50	Net:	\$	2,383.13		
Total Taxable	\$		Tax Rate:			><	
Frac and Acid service treatments dincrease production on newly drilled		Sale Tax:	\$	*			
not taxable.	y wells are		Total:	\$	2,383.13		
Date of Service:			9/22/2017				

Customer Comments:

Todd Brad

CUSTOMER AUTHORIZED AGENT

CASING MECHANICAL INTEGRITY TEST	DOCKET # E-32, 537
Disposal Well Enhanced Recovery:	SU SU NW, Sec 33, T 7 S, R 22 E/W
Repressuring	Feet from South Section Line Feet from East Section Line
API #15-065-22764-0001	Lease Morphew Well # 3
Name & Address 200 W Douglas Ave # 725 Contact	tor License # <u>5004</u> KCC ct Person <u>Eric</u> 0CT 12 2017 620 - 388 - 58 58 14 4 2017
Max. Auth. Injection PressPsi; Max Inj. Rate	IMIS, RS
If Dual Completion – Injection above production In Conductor Surface Size	Production Liner Tubing Size 2/8 Set at 35 74 Type Size Size Set at 35 74 Type Size Size Set at Size Size Set at Size Size Set at Size Set at Size Size Size Size Set at Size Size
Type MIT: Pressure: Radioactive Tracer Sur	rvey: Temperature Survey:
F Time: Start Min Min Min Min Min Min Min Min Min Set up	
D Set up A T Tested: Casing or Casing – Tubing Annulus A The bottom of the tested zone in shut in with A Casing – Tubing Annulus A Casing – Tubing Annulus	y Pane panding opposing from Wichita
Test Date 10-12-17 Using Hours	Company's Equipment
The operator hereby certifies that the zone between	feet andfeet
was the zone tested	Foreman Title
	, Not Satisfactory PASSED
State Agent: MARU M. (C Title: E.C	.R.S. Witness: YESNO
REMARKS: New Well 9-22-17.	Shot caring a 360. Pumped 100 sx coment.
Orgin. Conservation Div.: KDHE/T:	Dist. Office
Computer Update Is there Chemical Sealant or	a Mechanical Casing patch in the annular space? (Y/N)
GPS Lat 39. 40/97 GPS Long 99.	788/6 (If YES please describe in REMARKS) KCC Form U-7