#### KOLAR Document ID: 1371819

Confiden	tiality Re	quested:
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	& I FASE
	III3IONI ·	- DESCRIF HOR		a LLASL

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: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
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:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:      Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR         Permit #:	Location of huid disposa in nauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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:				

#### KOLAR Document ID: 1371819

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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 Yes No				og Formatio	n (Top), Depth a	and Datum	Sample		
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Used		I Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity				Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	юр	Bollom
	Shots Per Perforation Perforation Bridge Plug Bridge Foot Top Bottom Type Se		Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)		
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	CMX, Inc.
Well Name	BLACK WIDOW OWWO 1-29
Doc ID	1371819

All Electric Logs Run

Micro
Neutron Porosity
Induction Resistivity
Sonic

Form	ACO1 - Well Completion
Operator	CMX, Inc.
Well Name	BLACK WIDOW OWWO 1-29
Doc ID	1371819

Tops

Name	Тор	Datum
Herrington	1986	-120
Wabaunsee	2810	-944
Topeka	3352	-1486
Heebner	3694	-1828
Lansing	3896	-2030
B/KC	4302	-2436
Warsaw	4401	-2535
Viola	4645	-2779

Form	ACO1 - Well Completion
Operator	CMX, Inc.
Well Name	BLACK WIDOW OWWO 1-29
Doc ID	1371819

## Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	10.4	350	NA	0	NA



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	10/25/2017
	INVOICE	NUMBER	
	925	52472	

	Pratt		(620	) 672	2-12	01		J	LEA
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	CMX INC		DIFFUT		200	000	-	D	COU
<b>L</b>		WATERFRONT	PKWY	BLDG	300	STE	В	S	STA
L	WICHITA							I	JOB
-	KS US	67206						Ē	JOB

ACCOUNTS PAYABLE

T O ATTN:

J	LEASE NAME	Black Widow OWWO	1-29
O B	LOCATION		
0	COUNTY	Pratt	
S	STATE	KS	
r r	JOB DESCRIPTION	Cement-New Well Cas	sing/Pi
E	JOB CONTACT		

JOB #	EQUIPMENT #	PURCHASE	ORDER NO.		TERMS	DUE DATE
41064754	19843				Net - 30 days	11/24/2017
For Service Date	es: 10/20/2017 ta	10/20/2017	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
0041064754						
171815484A Cer Cement PTA	ment-New Well Casing	/Pi 10/20/2017				
Heavy Equipment Proppant & Bulk Blending & Mixing Depth Charge; 50	Del. Chgs., per ton m g Service Charge	if	190.00 328.00 20.00 40.00 164.00 190.00 1.00 1.00	EA MI EA BAG EA	6.60 0.14 2.48 4.13 1.38 0.77 660.00 96.25	45.10 49.5 165.0 225.5 146.3 660.0
		×			3	6 5 10 10 10 10 10 10 10 10 10 10 10 10 10
PLEASE REMIT BASIC ENERGY PO BOX 841903 DALLAS,TX 752	SERVICES,LP B	END OTHER CORRES ASIC ENERGY SERV D1 CHERRY ST, ST ORT WORTH, TX 76	VICES,LP TE 2100		SUB TOTAL TAX OICE TOTAL	2,641.6 107.1 2,748.8

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E.		SERVICES	s Phon	ne 620-6	572-1201							
and the second s	PRESSURE PUIV	IPING & WIRELIN	- 2	9-2	295 -	-11w		DATE	TICKET NO			
DATE OF 0/1	0/2017		rate,	,KS							USTOMER RDER NO.:	
CUSTOMER	CMX,	Inc.				LEASE BIO	CK	Widow	0000		WELL NO.	-2:
ADDRESS									STATE			
CITY	2.68	STATE				SERVICE CR	EW $\mathcal{D}$	grin, h	h mcGrc	$\omega, i$	m. Clym	2
AUTHORIZED B	Y	Sec. Bas	Central of			JOB TYPE:	243	2/PT	A		-	
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



JTMH 14

# TREATMENT REPORT

Customer CMX, Inc.					Lease No.					Date					81.0	
Lease	Wido	<u></u>	OWN	0	Well #	1-2	5		·		- 10/20/2017					
Field-Order.#	Statio	n ş	Drs	++1/0	C		Casing	E	Depth		County	Pr	522		St	ate KS
Type Job	:421	1p	TA			14	· · · · ·	Form	ation	_			Legal De	scription	19-	285-11m
PIPE	DATA		PERF	ORATI			FLUID U	SED	-		-	TREAT		RESUM		
Casing Size	Tubing Si	ze	Shots/F	řt 🛛		Acid					RATE	PRE	SS	ISIP		_
Depth	Depth		From		ĩo	Pre	Pad			Max				5 Min.		
Volume	Volume		From		 To	Pad				Min				10 Min.		
Max Press	Max Pres	s	From	1	б	Frac				Avg				15 Min.		
Well Connectio	n Annulus V	Vol.	From	1	б		C 19	-		HHP Used	ł			Annulus	Press	ure
Plug Depth	Packer D		From	1	0	Flus	1 1 4301	wgr,		Gas Volur	ne			Total Loa	ad	
Customer Rep	resentative	1-ec	ver 7	orre	Z_Statio	on Mana				Sterm SI	Trea	ter D	Gran	Fr	sn	KI.T
Service Units	92511	84	1581	1984	1980 C	3 :	13768									
Driver Names	Casing		Crcw ubing	McGr	UCIVI	ner C	1Ymor									
Time	Pressure	Pro	essure	Bbls. F	oumped	F	Rate	_					ce Log			
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Taylor Printing Inc. 620-672-3654

RILOBITE	DRILL STEM TES	ST REP	ORT				
	CMX Inc		29-	29S-11V	V Pratt		
ESTING , INC	1700 N Waterfront Pkw y		Bla	ck Wid	ow 1-29		
	Bldg 300 B Wichita, KS 67206		Job	Ticket: 57	7841	DST#: 1	
	ATTN: Leah Kasten		Test	t Start: 20	017.10.19 @	16:15:15	
GENERAL INFORMATION:							
Formation:MissispiDeviated:NoWhipstock:Time Tool Opened:18:48:3UTime Test Ended:02:28:3U	ft (KB)		Tes Tes Unit	ter:	Conventional Leal Cason 74	l Straddle (In	itial)
Total Depth: 4748.00 ft (KB) (TV	80.00 ft (KB) (TVD) ′D) Condition: Good		Refe	erence ⊟e KB t	evations: to GR/CF:	1870.00 1861.00 9.00	ft (CF)
Serial #: 6806OutsidePress@RunDepth:49.79 psigStart Date:2017.10.19Start Time:16:15:16TEST COMMENT:IF: Strong Blow, J	End Date: End Time: BOB in 6 minutes	2017.10.20 02:28:30	Capacity Last Calit Time On Time Off	o.: Btm:	2 2017.10.19 ( 2017.10.19 (	-	psig
FF: Strong Blow ,	uilt to BOB in 20 minutes BOB in 30 seconds suilt to BOB in 30 minutes				RE SUMM		
		Time (Min.) 0 2 32 77 78 122 241 242	Pressure (psig) 2140.99 34.88 39.58 195.23 45.88 49.79 249.37 2082.25	Temp (deg F) 118.24 117.49 120.06 121.37 121.36 123.06 125.01 125.67	Open To Fle Shut-In(1) End Shut-In Open To Fle Shut-In(2) End Shut-In	o-static ow (1) n(1) ow (2) n(2)	
E         GEM         SFM           #9 Thu Cod 2017         GEM         SFM           Recovery           Length (ft)         Description           0.00         3886 GIP           80.00         GCM 2%G 98%M	20Fii			Ga Choke ()	inches) Pressur	re (psig) Gas	Rate (Mcf/d)

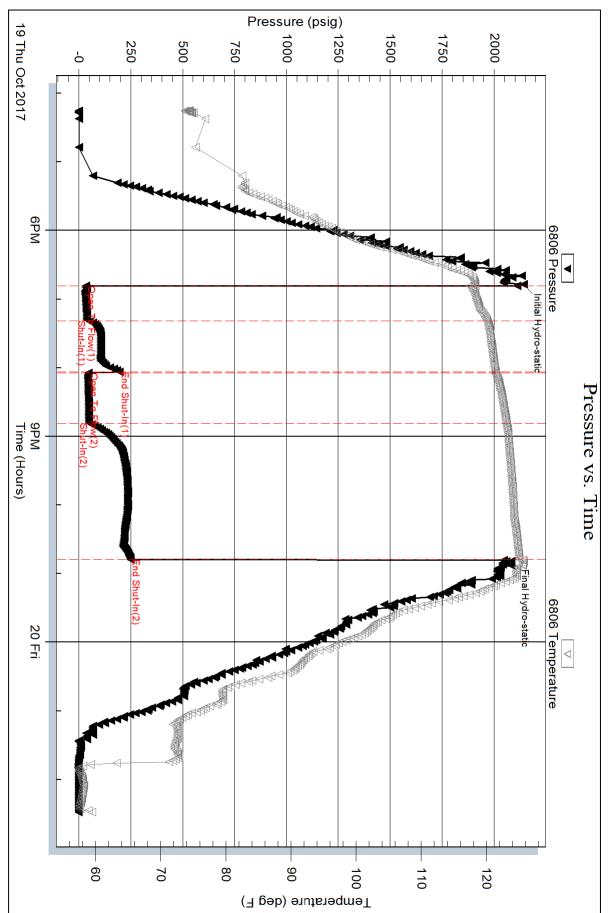
an-	RILOBITE	DRILL STEM TE	ST REP	ORT			
		CMX Inc		29-29	9S-11W Prat	t	
	ESTING , INC.	1700 N Watchholit I KW y		Blac	k Widow 1-2	29	
		Bldg 300 B Wichita, KS 67206		Job Tio	icket: 57841	DST#:	1
		ATTN: Leah Kasten		Test S	Start: 2017.10.1	19 @ 16:15:15	
GENERAL I	NFORMATION:						
Formation: Deviated: Time Tool Oper Time Test Ende		ft (KB)		Test T Tester Unit No	r: Leal Ca	tional Straddle ( son	Initial)
Interval:	4360.00 ft (KB) To 44			Refere	ence Elevations		
Total Depth: Hole Diameter:	4748.00 ft (KB) (T) 7.88 inches Hole	/D) e Condition: Good			KB to GR/C	1861.00 F: 9.00	
						1. 9.00	11
Serial #: 83 Press@RunDe Start Date: Start Time:			2017.10.20 02:28:30	Capacity: Last Calib.: Time On Btr Time Off Bt	:m:	8000.00 2017.10.20	
	_	uit to BOB in 20 minutes BOB in 30 seconds Built to BOB in 30 minutes					
	FF: Strong Blow,	BOB in 30 seconds Built to BOB in 30 minutes	Time		ESSURE SU Temp Anno	MMARY	
2000 1000 5000 5000 0 0 0 0 0 0 0 0 0 0 0 0	FF: Strong Blow , FSI: Blow Back E Pressure vs. T	BOB in 30 seconds Built to BOB in 30 minutes	(Min.)	Pressure			
1930 1900 590 0	FF: Strong Blow, FSI: Blow Back B	BOB in 30 seconds Built to BOB in 30 minutes	(Min.)	Pressure	Temp Anno	otation	
12500 12	FF: Strong Blow, FSI: Blow Back E	BOB in 30 seconds Built to BOB in 30 minutes	(Min.)	Pressure	Temp Anno (deg F) Gas Rate	es	as Rate (Mcf/d)
1900 1900 1900 1900 1900 Length (ft) 0.00	FF: Strong Blow, FSI: Blow Back E	BOB in 30 seconds Built to BOB in 30 minutes	(Min.)	Pressure	Temp Anno (deg F) Gas Rate	es	as Rate (Mcf/d)
1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FF: Strong Blow, FSI: Blow Back E	BOB in 30 seconds Built to BOB in 30 minutes	(Min.)	Pressure	Temp Anno (deg F) Gas Rate	es	as Rate (Mcf/d)
1900 100 1000 1	FF: Strong Blow, FSI: Blow Back E	BOB in 30 seconds Built to BOB in 30 minutes	(Min.)	Pressure	Temp Anno (deg F) Gas Rate	es	ias Rate (Mcf/d)
1900 1900 100 1000 1	FF: Strong Blow, FSI: Blow Back E	BOB in 30 seconds Built to BOB in 30 minutes	(Min.)	Pressure	Temp Anno (deg F) Gas Rate	es	as Rate (Mcf/d)

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	BILOBITE	CMX In	IC		29-29S-11	W Pratt		
	ESTING , INC.	1700 N	NWaterfront Pkw y		Black Wid	low 1-29		
		Bldg 30			Job Ticket: 5	7841	DST#: 1	
			Leah Kasten		Test Start: 2	017.10.19 @ 1	6:15:15	
Mud and Cushi	on Information							
Mud Type: Gel Ch			Cushion Type:			Oil API:		deg API
Mud Weight:	9.00 lb/gal		Cushion Length:		ft	Water Salinity:		ppm
Viscosity:	60.00 sec/qt		Cushion Volume:		bbl			
Water Loss:	12.78 in <sup>3</sup>		Gas Cushion Type					
Resistivity: Salinity: 10	ohm.m 000.00 ppm		Gas Cushion Pres	sure:	psig			
Filter Cake:	0.02 inches							
Recovery Inform	nation							
			Recovery Table					
	Leng ft		Description		Volume bbl	]		
		0.00	3886 GIP		0.000	-		
		80.00	GCM 2%G 98%M		1.122	2		
	Total Length:	80	0.00 ft Total Volume:	1.122 bbl				
	Num Fluid Sam		Num Gas Bomb		Serial #	:		
	Laboratory Nar Recovery Com		Laboratory Loc	ation:				
		nonto.						

Printed: 2017.10.20 @ 06:53:44

Ref. No: 57841





Serial #: 6806 Outside CMX Inc

Black Widow 1-29

DST Test Number: 1

Printed: 2017.10.20 @ 06:53:44

Ref. No: 57841



