



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

[] Yes [] No

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

[] Gas [] DH [] EOR

[] OG [] GSW

[] 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 EOR [] Conv. to SWD
[] Plug Back [] Liner [] Conv. to GSW [] Conv. to Producer

[] Commingled Permit #: _____

[] Dual Completion Permit #: _____

[] SWD Permit #: _____

[] EOR Permit #: _____

[] GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

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 [] Drill Stem Tests Received

[] Geologist Report / Mud Logs Received

[] UIC Distribution

ALT [] I [] II [] III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	Brownie 2
Doc ID	1374310

Tops

Name	Top	Datum
Anhy.	2231	(+564)
Base Anhy.	2290	(+505)
Heebner	3837	(-1042)
Toronto	3859	(-1064)
Lansing	3875	(-1080)
Stark	4111	(-1316)
BKC	4184	(-1389)
Marmaton	4214	(-1419)
Pawnee	4308	(-1513)
Ft. Scott	4367	(-1572)
Cherokee Sh.	4393	(-1598)
Miss.	4486	(-1691)
LTD	4621	(-1826)

Summary of Changes

Lease Name and Number: Brownie 2

API/Permit #: 15-063-22272-00-00

Doc ID: 1374310

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	03/09/2016	11/28/2017
Geologist Report / Mud Logs?		Yes
Operator's Contact Name	K. Robert Watchous	Klee Robert Watchous
Perf_acid1		250 gal. 15% MCA
Perf_acid2		250 gal. 15% MCA
Perf_acid3		1000 gal. 15% NE w/2% m.s.
Perf_perf1bottom		4125
Perf_perf1top		4121
Perf_perf3bottom		4083
Perf_perf3top		4078

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_shots1		4
Perf_shots3		4
PerforationsRevised		[[dataGrid]]
Producing Formation	LKC	LKC H, LKC K
Production Interval #1		4078
Production Interval #3		4125