KOLAR Document ID: 1406348

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:			est
Address 2:		Feet from North / South Line of Sect	tion
City: State:	++	Feet from East / West Line of Sect	ion
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.xxxxxx)	
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84	
Purchaser:		County:	
Designate Type of Completion:		Lease Name: Well #:	—
New Well Re-Entr	y Workover	Field Name:	
] SWD	Producing Formation:	—
Gas DH] SWB] EOR	Elevation: Ground: Kelly Bushing:	
	GSW	Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)	_	Amount of Surface Pipe Set and Cemented at: F	eet
	ol., etc.):	Multiple Stage Cementing Collar Used? Yes No	
If Workover/Re-entry: Old Well Info as		If yes, show depth set: Fe	eet
Operator:		If Alternate II completion, cement circulated from:	
Well Name:		feet depth to:w/sx c	mt.
Original Comp. Date:			
Deepening Re-perf. Plug Back Liner	Conv. to EOR Conv. to SWD Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
□ O		Chloride content:ppm Fluid volume:b	bls
_ •	rmit #:	Dewatering method used:	
	rmit #: rmit #:		
	rmit #:	Location of fluid disposal if hauled offsite:	
	rmit #:	Operator Name:	
33		Lease Name: License #:	
Spud Date or Date Reached	Completion Data co	Quarter Sec TwpS. R	est
Recompletion Date	d TD Completion Date or 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 Approved by: Date:					

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Page Two

Operator Name:				Lease Name:			Well #:		
Sec Twp.	S. R.	Ea	st West	County:					
	lowing and shu	ıt-in pressures, w	hether 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 G	eological 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						
		Re			New Used	ion, etc.			
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l			
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used Type and Percent Additives					
Protect Casii									
Plug Off Zon									
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,	
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>			
Estimated Production Oil Bbls. Per 24 Hours						Gas-Oil Ratio	Gravity		
DISPOSITION OF GAS: METHOD OF CO					LETION:			ON INTERVAL:	
			Open Hole		ually Comp. Commingled sbmit ACO-5) (Submit ACO-4)		Тор	Bottom	
,	Submit ACO-18.)								
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 /	At:	Packer At:					
. 5513 1200 10.	5120.		···	. 30.0.71					

Form	ACO1 - Well Completion				
Operator	MSG Resources Inc.				
Well Name	MEYER K-21				
Doc ID	1406348				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	5	50/50 POZ
Production	5.625	2.875	8	770	Portland	186	50/50 POZ