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: Total Vertical Depth: Plug Back Total Depth:				
	GSW					
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:							

KOLAR Document ID: 1410111

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests Taken (Attach Additional Sheets)				es No Log Formation (Top), Depth			and Datum Sample			
Samples Sent to Geological Survey			Ye	Yes No)		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:		Y€ Y€	es No							
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Size Casing Set (In O.D.)		Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Casing Plug Back TD		Type of Cement		# Sacks Oseu		Type and Percent Additives				
Plug Off Z										
1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip questions 2 and 3) No (If No, skip question 3) No (If No, fill out Page Three of the ACO-1)										
Date of first Production/Injection or Resumed Production/ Injection: Producing Method: Producing Method:										
Estimated Production Oil Bbls.				Flowing Pumping Gas Mcf		Gas Lift Other (Explain, Water Bbls.		ther (Explain)	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL							N INTERVAL:			
Vented Sold Used on Lease		Open Hole Perf.					mingled Top		Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion					
Operator	Mull Drilling Company, Inc.					
Well Name	STECKEL FARMS B 1-16					
Doc ID	1410111					

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.125	8.625	20	287	Common		2% gel, 3% cc
Production	7.875	5.5	14	3625	A Serv Lite	45	N/A
Production	7.875	5.5	14	3625	50/50 Poz	60	N/A