KOLAR Document ID: 1416841

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 & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	S. R East 🗌 West
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 #	
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-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
	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:	
Well Name:	
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Con Plug Back Liner Conv. to GSW Conv	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	
Spud Date or Date Reached TD Completion I	
Recompletion Date Recompletion	n 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:					

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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 (Attach Additional Sh	acate)	Y	′es 🗌 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:	Top Bottom		Type of Cement # Sacks		d	Type and Percent Additives			
Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	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	Wate	er Bb	ls.	Gas-Oil Ratio	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		-	·	mingled	юр	
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Bobcat Oilfield Service, Inc.
Well Name	BAKER OS 2-2018
Doc ID	1416841

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8.750	6	10	20	Common	5	60/40 POZ
Production	5.625	2.875	6	255	Common	30	60/40 POZ

20' of Long		Cemented:	Hole Size:			100	ALC: NOT A	Well #: OS 2-2018	
LONG		5 Sacks Cemented:	8 ¾" Hole Size:					Location:	
•	string:					SWNESESWSec5Twp20SR24E County: Linn			
	2 7/8" 8rd							FSL: 675	
SN: N	IA	Packer:	NA		Well			FEL: 3221	
Pluac	ugged: NA Bottom Plug: NA				WCII	LUg		API#:15-107-25283	
	,							Started:7-23-2018	
TD: 2	61'							Completed:7-24-2018	
Lease		Baker							
Owne			d Services, Inc.						
OPR		3895							
Contr	actor:		ON PRODUCTIO	DN					
OPR	#-	CO. 4339							
TKN	BTM	Formation			TKN	BTM	Formation		
INN	Depth	Formation				Depth	Formation		
4	4	Top Soil/G	ravel						
5 2	9	Lime/Clay Shale							
2	13	Black shale	9						
3	16	Lime	-						
7	23	Shale							
4	27	Lime		I Oil and Gas					
2	29	Black Shale	e	I Flow After 1			-		
2	31	Shale		I Joint was				â.	
11	42	 Shale (lime	14	I Drilled I					
9	51	Shale (lime Shale	'y]	T Diffied T	<u> </u>				_
5	56		Gas) (Heavy flow)						
15	71	Shale							
10	81	Sandy Sha	le						
72 9	153	Shale Light Shale					-		
13	175	Shale	,						
1	176	Black Shale	e						
11	187	Shale					-		
5	193	Lime	- R-48 "						
29 4	222	Shale (Son	ne Red Bed)						
2	228	Shale							
1	229	Light Shale			-				
2	231		y Shale (poor Blee						
5	236		Poor Bleed) (Some						
12 3	248	Oil Sand (F	Poor Bleed) (Some air Bleed) (Some S	shale)					
6	257		Good Bleed) (Some						
2	259	Oil Sand (F	air Bleed) (Very S	haley)					
TD	261	Sandy Sha	le (Oil Sand stks) (Poor Bleed)	·				
_									
	1								
					2				
							Surface 7/23 Michelle	3/2018 Set Time 2:30pm Called 1:29pm	
							Longstring 2	255' 2 7/8" 8rd TD261' Set time 3:30pm 7-2 om Brook	24-18
							Called 2:50p	om Brook	
	1								



HURRICANE SERVICES INC

C. Alexandre	Dah	cat Oll	Lease & Weil #			Date			7/24/2018		
Gustomer				Linn, KS	OSW 2018 Legals S/T/R			Job #	ICT 1	231	
Service District		ett, KS	County & State		New Well?	VES	No	Ticket #	ICT 1	231	
Јов Туре	Longstring	PROD	[3] INJ	Job Safety An	alysis - A Discus		Safety Proce	lurea	a. Bas		
Equipment #	Driver	2013 July 1	1 A A	Gloves		Lockout/Tag		Warning Signs 8	Flagging	- 영상 (백)	
	Kevin	Hard hat	20	Eye Protection		Required Per	mits 🗌 🗌	Fall Protection		in the C	
	Garrett	H2S Mon	S 1990	Respiratory Pro	notection	Slip/Trip/fall] Specific Job Sec	uence/Expect	ations	
110	CONTRACT CONTRACTOR	Safety For	ctive Clothing	Additional Che] Muster Point/M	edical Locatio	ns in the	
25	Jake H	- Hearing P	Carbon States	Fire Extinguish		Additional of	incerns or Issue	s noted below			
		(3) Hearing in	lotection .			nments		_	_		
		-									
Product/ Service				10 C - 1	Unit of Measur	e Quantity	List Price/Unit (iross Amount	ltein Discount	Net Amount	
Code		200	escoption		mi	30.00				\$73.13	
c001	Heavy Equip. Or	Contract of the second s			(m	30.00				\$33.75	
c002	Light Equip. One				ea	1.09				\$225.00	
c004	Minimum Ton M	le Charge			63	1.00				\$506,25	
c020	Cement Pump										
	Thixatropic				sack	30.00				\$600.00	
cp014 cp046	Rubber Plug 2	7/8*			68	2.00				\$48.00	
cporte	Thursday 1 mg -									-	
						_					
						-		_			
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			_			-					
									_		
	-				-	_					
	-										
							and the second second				
Contraction of the			he she she had		R SI UNI	德國新聞制					
Sale and Supp		HE MAN	HEROMONAL	命的短期间的			利用的任何	Denote the second	A1#41	\$1,486.1	
Ct	stomer Section:	On the following	scale now would you r	ate Humcane Servic	zes Inc.?		Gross	\$1,927.50 Tax Rate		31,400.	
	1		ad with your service	s today?		State tax lava	feens certain oro	ducts and services	Sale Tex:	\$ -	
	Nai Setadod 1	2 3 4	5 6 7	8 9 10	Externely Saturfed	used on new w Services relies Information ab	alla to ba salaa ti on the customer ove to make e de r producta are ta:	provided well termination if	Total:	\$ 1,486.	
	How like		ld recommend H.S.I.								
			5 6 7		Extremely Linuty		sentative:	Jako Heard			
1	Unitaly 1 2	3 4	5 6 7 (HSI) has approved creat the rate of 1 1/5% per m		A REAL PROPERTY AND INCOMENTS.	and in the suble size i	tella and the	o or batora the 30th	day from the da	ite of Invoica. Pas	

CUSTOMER AUTHORIZATION SIGNATURE

X_



HURRICANE SERVICES INC

_			and the second se	Date:	7/24/2018	Ticket #:		ICT 123	
ner: Bob				112 5300					
Rep: Bot	b Eberhart			_					
iress:									
State:									
1.000							-		Perfs
y, Zip:				II. I.	260' 5.875"	P	erf Depth	s (†t)	
Finde	Order No.:			Open Hole: Casing Depth:	200 0.0				
	Well Name:	OSW 20	16	Casing Size:					
	Location:	Cadmus	KS	Tuhing Depth:	255				
	Formation:			Tubing Size:	2 7/8				
Туре	of Service:	Longst	ing	Liner Depth:					
	Weit Type:	Oil		Liner Size:					
	Age of Well:	Nev		Liner Top:					
	Packer Type:			Liner Boltom:					
	acker Depth:	Tubi		Total Depth:				fotal Perfs	0
Tr	eatment Via:	1001							FLUID
					State of the local division of the local div		PROP	HCL (gis)	(bbis)
	SUPECTION	RATE	PRESSURE		HEMARKS		(lbs)	19-3	
TIME	FLUID	N2/CO2	STP ANN	On location sa	lety meeting. Spot in and rig up				
				Hook up to we	lhead				2.00
				Break circulat					13.48
	2.0		150.0	Mix and pump					
	2.0		150.0	Stop					10.00
				Wash pump a	nd lines and drop plug				1.47
			200.0	Displace					
	2.0		1,600.0	Bump plug	5.777 F				
			400.0		aura and shut in				
				Wash up pur	np				
	+						_	+	
								-	
		1							
			_			TOTAL:			- 26
						10176.			
					PRODUCTS USED				-
	-	S	UMMARY	1 - 281					
	Max A. Ra	e Avg FL R	ate Max PSI	Avg PSI 480.0	4				
	2	.0	2.0 1,500.0	Contraction of the second					
					40 sacks Thixatropic		_		

Customer: Bob Eberhart

Treater:

Jake Heard

TREATMENT REPORT