KOLAR Document ID: 1419194

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:   | SecTwpS. R   |  |  |  |  |  |
| 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: ()  | □NE □NW □SE □SW  |  |  |  |  |  |
| CONTRACTOR: License #                                  | GPS Location: Lat:, Long:                                |  |  |  |  |  |
| Name:  | (e.g. xx.xxxxxx) (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:                                     |  |  |  |  |  |
| ☐ Oil ☐ WSW ☐ SWD                                      | Elevation: Ground: Kelly Bushing:                        |  |  |  |  |  |
| ☐ Gas ☐ DH ☐ EOR                                       | Total Vertical Depth: Plug Back Total Depth:             |  |  |  |  |  |
| ☐ OG ☐ GSW   | Amount of Surface Pipe Set and Cemented at: Feet         |  |  |  |  |  |
| CM (Coal Bed Methane)                                  | Multiple Stage Cementing Collar Used? Yes No             |  |  |  |  |  |
| Cathodic Other (Core, Expl., etc.):                    |  |  |  |  |  |  |
| 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)            |  |  |  |  |  |
| 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 #:  | Location of haid disposal if hadica offsite.             |  |  |  |  |  |
| GSW Permit #:  | Operator Name:   |  |  |  |  |  |
|  | Lease Name: License #:                                   |  |  |  |  |  |
| Spud Date or Date Reached TD Completion Date or        | Quarter Sec TwpS. R                                      |  |  |  |  |  |
| 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 Approved by: Date:                     |  |  |  |  |  |

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#### 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<br>gas to surface t<br>ty Log, Final Lo | nut-in pressurest, along wit | es, whe<br>h final c<br>ain Geo | ther shut-in pre<br>hart(s). Attach<br>physical Data a | essure reached<br>extra sheet if r<br>and Final Electr | station<br>more :<br>ric Loc | level, hydrosta<br>space is needed  | tic pressures,<br>d.     | bottom hole tempe  | val tested, time tool erature, fluid recovery,  Digital electronic log |  |
| Drill Stem Tests (Attach Addit   |  |                              | Ye                              | es No  |  | Lo                           | og Formatio   | n (Top), Deptl           | n and Datum  | Sample   |  |
| Samples Sent to  | Geological Sur   | vey                          | Ye                              | es 🗌 No  |  | Name                         | )   |                          | 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  |  | Size Hole Si                 |                                 | e Casing<br>(In O.D.)                                  | Weight<br>Lbs. / Ft.                                   |                              | Setting<br>Depth  | Type of Cement           | # Sacks<br>Used  | Type and Percent<br>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   |  |                              |                                 |  |  |                              |   |                          |  |  |  |
| Did you perform     Does the volum     Was the hydraul                         | e of the total base                                      | fluid of the hyd             | draulic fra                     | cturing treatmen                                       |  | •                            | Yes ns? Yes   | No (If No                | , skip questions 2 an<br>, skip question 3)<br>, fill out Page Three o | ,  |  |
| Date of first Produ  | ction/Injection or                                       | Resumed Produ                | uction/                         | Producing Meth   |  |                              | Coolift 0   | thor (Fundain)           |  |  |  |
| Estimated Production Oil Bb  |  |                              | le.                             | Flowing<br>Gas   | Pumping  Mcf   |                              |   | 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:  |  |                              |                                 | N  | METHOD OF CO   | MPLE.                        | TION:   | ON: PRODUCTION INTERVAL: |  |  |  |
| ☐ Vented ☐ Sold ☐ Used on Lease  |  | Open Hole P                  |                                 | Perf. Dually Comp. (Submit ACO-5)                      |  | . — •                        |   | Тор                      | Bottom   |  |  |
| (If vente  | ed, Submit ACO-18  | .)                           |                                 |  | (5   | SUDITIIL I                   | ACO-5) (SUDI  | nit ACO-4)               |  |  |  |
| Shots Per<br>Foot  | Perforation<br>Top                                       | Perforation<br>Bottom        | on                              | Bridge Plug<br>Type                                    |  |                              | 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  | Vess Oil Corporation   |
| Well Name | BINDLEY 203            |
| Doc ID    | 1419194                |

## Casing

| Purpose<br>Of String | Size Hole<br>Drilled | Size<br>Casing<br>Set | Weight | Setting<br>Depth | "        |     | Type and<br>Percent<br>Additives |
|----------------------|----------------------|-----------------------|--------|------------------|----------|-----|----------------------------------|
| Surface              | 12.25                | 8.625                 | 24     | 556              | common   | 300 | 3% cc, 2%<br>gel                 |
| Production           | 7.875                | 5.5                   | 14     | 4744             | holocite | 250 | n/a                              |
|                      |                      |                       |        |                  |          |     |                                  |