KOLAR Document ID: 1423335

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:	
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.xxxxx) (e.gxxx.xxxxx)
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) 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
•	If Alternate II completion, cement circulated from:
Operator:	•
Well Name:	feet depth to: 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 #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. R. East West
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 III Approved by: Date:

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Page Two

Operator Name: _				Lease Name:			Well #:				
Sec Twp.	S. R.	Ea	ast West	County:							
	flowing 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	. Digital electronic log			
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample			
Samples Sent to G	Geological 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								
		R			New Used	on, etc.					
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives			
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I					
Purpose:		epth Ty	pe of Cement	# Sacks Used		Type and F	Percent Additives				
Protect Casi											
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:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)					
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity			
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:		PRODUCTION INTERVAL:				
	_	on Lease	Open Hole			mmingled mit 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:							
. 5213 (1200) 10.	JIEG.			. 30.0.71							

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	DALE BENEKE 3-13
Doc ID	1423335

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	355	common	250	3%cc 2%gel
Production	7.875	5.50	15.5	3414	EA-2	150	flocele D- air

REMIT TO P.O. E	OX 31 BELL, KA	NSAS 6766	s, ·	ENTING	SEI	(Vice Point:	Beud	- -
DATE 4 - 28-1	SEC.	TWP.	RAKGE	CALLED OUT .	ON LOCATION	900.PM		• •
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CONTRACTOR				OWNER 94	wa-tcam,	*****	<u>:</u> -	1
HOLB SIZE 125	<u> </u>	.O.T	3 <i>55</i>	CEMENT		وموري المجارة	A	**
CASING SIZE & S TUDING SIZE		OBD DEB	TH 355	AMOUNT C	RDERED <u>250</u> + 2% 60	Syriate	· 111 · · · · · · · · · · · · · · · · · ·	,
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PUMP TRUCK	CEMENT	BR www.y	We.	_ ; 	•		<i>-</i> <u>'</u>	•.
	<u>HELPER</u>			_ ,		@ 		•
BULK TRUCK # 482			•					•
BULK TRUCK	DKIVEK	1-6m2.	, '			@_ <u></u>	- 	•
	DRIVER-	·	·	HANDLING	244	@ <u></u> 2.25_	<u> </u>	•
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1			Inc.	Services,
PAGE OF		CODE	CITY, STATE, ZIP CODE	

PAGE NO. SWIFT Services, Inc. JOB LOG Dale Beneke CUSTOMER WELL NO. 18/80 American Warrior 3-13 PRESSURE (PSI)
TUBING CASING VOLUME (BBL) (GAL) PUMPS TIME DESCRIPTION OF OPERATION AND MATERIALS On location 1100 25/8 x 5/h Perfs - 3310 - 14 Per - 3228 lops & Pst Boerside 1/20 500 1130 Take injection Rate 1000 pump Cmr - @ 75 sts @ 15.5-16 wasH Pt (Start Disp //35 10190 //50 200 Stage
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Leleage Psi-Dry 1200 2000 1215 2200 lzso 2500 1240 115 2700 1305 2700 1310 2.5 Reverse Dut 20 /325 Pull 5 Joints Pressure up & shut in EUW) 500 Thanks Durid Znew & Kirby

SWIFT OPERATOR MASSES # MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS SERVICE LOCATIONS DATE SIGNED REFERRAL LOCATION but are not limited to, PAYMENT, RELEASE, INDEMNITY, and the terms and conditions on the reverse side hereof which include, **LEGAL TERMS:** Customer hereby acknowledges and agrees to LIMITED WARRANTY provisions. 80 2391 22/ 4/02 53 575 Š かく 106 REFERENCE PRICE Services, 10000 SECONDARY REFERENCES PART NUMBER TIME SIGNED Inc. TICKET TYPE CONTRACTOR

AS SERVICE

D SALES

WELL TYPE INVOICE INSTRUCTIONS WELL/PROJECT NO. CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges recept of the materials and services listed on this tokes င္ပ CHARGE TO: CITY, STATE, ZIP CODE ADDRESS ACCOUNTING DÍA AM. DALL BENEVE DEVENDA WELL CATEGORY 믺 American Wagerox JAIR BAS457 TLUSTER PLATISHOE MUTSFILL MuD Peusy LIQUIDIRCE MILEAGE CENTRALIZER ATCHOWN PLUE 8 SAFFLE Pump SERVICE SWIFT SERVICES, INC. NESS CITY, KS 67560 **REMIT PAYMENT TO:** P.O. BOX 466 785-798-2300 1/1/2 LONGSTRING RIGNAMENO.

**JUNE 3 COUNTY/PARISH DESCRIPTION RICE OUR EQUIPMENT PERFORMED
WITHOUT BREAKDOWN?
WE UNDERSTOOD AND
MET YOUR NEEDS?
OUR SERVICE WAS
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CALCILATIONS ARE YOU SATISFIED WITH OUR SERVICE? SHIPPEO STATE X CUSTOMER DID NOT WISH TO RESPOND SURVEY WELL PERMIT NO. DELIVERED TO 15-159- 2264 ACC WICHITA 500 GAZ 2 70:00 200 6 84 5 Ich 180 E 2 Ş AGREE DECIDED 3 54 10 Ē OS-Q3-11 ORDER NO. WELL LOCATION SSTARD Subtotal 7 ice PAGE TOTAL 00 25 100 230 TOTAL 8 8 00 00/1 35100 85 80 5 8 19662 TICKET 1:00 PAGE ৪ 8 Thank You! 8242146 DENT! 2 2 2013 KCC NF Jan 7362 0350 00 380 3400 **1332** 300 230 E E 83 500 k 1400 Ś ای 8 E E 8 8 0 g S B 8 00 2

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