KOLAR Document ID: 1427556

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:	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:, (e.gxxx.xxxxx)
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	Field Name:
☐ New Well ☐ Re-Entry ☐ Workover	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR	Elevation: Ground: Kelly Bushing:
OG GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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:	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 □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Occupation to the Company of the Com	Chloride content: ppm Fluid volume: bbls
<pre>Commingled Permit #:</pre> 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 Recompletion Date	Quarter Sec. TwpS. R East West 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.

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:

KOLAR Document ID: 1427556

Operator Name:					Lease Na	ame: _			_ Well #:	
Sec Tw	rpS.	R	East	West	County:					
	l, flowing and s	hut-in pressure	es, wheth	ner shut-in pro	essure reach	ed stati	c level, hydrosta	tic pressures, bo		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be ema	iled to kcc-well-l	ogs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests -	Taken tional Sheets)		Yes	s No				on (Top), Depth a		Sample
Samples Sent to	Geological Su	ırvey	Yes	s 🗌 No		Nam	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Yes	s No						
			Report		RECORD conductor, surf	Ne	w Used	on, etc.		
Purpose of St		ize Hole		Casing	Weigh		Setting	Type of	# Sacks	Type and Percent
	9	Drilled	Set (In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
	l	1		ADDITIONAL	L CEMENTING	g/SQU	EEZE RECORD		I I	
Purpose:		Depth	Type o	of Cement	# Sacks U			Type and	Percent Additives	
Perforate		p Bottom	71					71		
Protect Ca	TD									
Plug Off Z	one									
 Did you perform Does the volume Was the hydraul 	e of the total bas	se fluid of the hyd	raulic frac	turing treatmer		_	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Il out Page Three (•
Date of first Produ	ction/Injection or	Resumed Produ	ction/	Producing Met	hod:					
Injection:	,			Flowing	Pumping		Gas Lift C	Other (Explain)		
Estimated Produc Per 24 Hours		Oil Bbl:	S.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GA	S:		I	METHOD OF C	OMPLE	TION:			N INTERVAL:
Vented	Sold Us	ed on Lease	O _I	oen Hole	Perf.	_ ,		nmingled mit ACO-4)	Тор	Bottom
(If vente	ed, Submit ACO-1	8.)				(Subillit	ACC-5) (SUD	IIIII ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	n E	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Co (Amount and Kir	ementing Squeeze and of Material Used)	Record
TUDICO					- · ·					
TUBING RECOR	D: Size:	:	Set At:		Packer At:					

Form	ACO1 - Well Completion			
Operator	Schaben Oil LLC			
Well Name	Lyle Schaben 3-31			
Doc ID	1427556			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	210	Common	120	6 CC
Production	7.875	5.5	14	4499	Standard	100	5%Calsea I 500lbs salt 50lbs CFR-1, 50lbs Floseal

KOLAR Document ID: 1427356

Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Kansas Corporation Commission

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:	Feet from				
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-Entry Workover	Field Name:				
□ Oil □ WSW □ SWD	Producing Formation:				
Gas DH EOR	Elevation: Ground: Kelly Bushing:				
□ OG □ GSW	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
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 Paymit #	Chloride content:ppm Fluid volume:bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
	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 TwpS. 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.

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 I II Approved by: Date:

KOLAR Document ID: 1427356

Operator Name:				Lease Name	e:			Well #:	
SecTw	pS. F	R E	ast West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t	nut-in pressures, est, along with fir	whether shut-in prenal chart(s). Attach	essure reached so extra sheet if m	static leve ore space	l, hydrosta e is needed	tic pressures, b d.	ottom hole temp	val tested, time tool erature, fluid recovery,
			Geophysical Data a ver AND an image			ust be ema	iled to kcc-well	-logs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					Log	Formatio	on (Top), Depth		Sample
Samples Sent to	Geological Sur	vey	Yes No		lame			Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs R	t / Mud Logs	[[[Yes No Yes No Yes No						
				RECORD _		Used			
	. Siz	ze Hole	Report all strings set-	Weight		Setting	Type of	# Sacks	Type and Percent
Purpose of St		Prilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
			ADDITIONAL	CEMENTING / S	SOLIEEZE	BECORD			
Purpose:	1	Depth	Type of Cement	# Sacks Used		TILCOND	Typo and	d Percent Additives	
Perforate		Bottom	Type of Cement	# Sacks Used	Type and referring the state of				
Protect Ca									
Plug Off Zo									
	e of the total base	fluid of the hydrau	nis well? lic fracturing treatmen		_	Yes Yes Yes	No (If No,	skip questions 2 ar skip question 3) fill out Page Three	
Date of first Production:	ction/Injection or I	Resumed Production	n/ Producing Met	hod:	Gas Li	ift 🗆 C	other (Explain)		
Estimated Produc	tion	Oil Bbls.	Gas		Water		ols.	Gas-Oil Ratio	Gravity
Per 24 Hours		OII 2510.	dao		· · · · · · · · · · · · · · · · · · ·	5.		Gao On Fiano	Gravity
DISPO	OSITION OF GAS	3:		METHOD OF COM	IPLETION:			PRODUCTION	ON INTERVAL:
Vented	Sold Use	d on Lease	Open Hole	Perf. D	ually Comp	. Con	nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)		(St	ıbmit ACO-5	5) (Subi	mit ACO-4)		
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, C	ementing Squeeze	Record
Foot	Тор	Bottom	Туре	Set At			(Amount and K	ind of Material Used)	1
TUBING RECORI	D: Size:	Se	t At:	Packer At:					

Form	ACO1 - Well Completion			
Operator	Schaben Oil LLC			
Well Name	Lyle Schaben 3-31			
Doc ID	1427356			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	210	Common	120	6 CC
Production	7.875	5.5	14	4499	Standard		5%Calsea I 500lbs salt 50lbs CFR-1, 50lbs Floseal



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1282826

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R East _ West				
Address 2:	Feet from North / South Line of Section				
City:	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.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 □ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:				
GSW Sigw Sigw GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
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 ENHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
	Chloride content:ppm Fluid volume:bbls				
Commingled Permit #:	Dewatering method used:				
Dual Completion Permit #:					
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Operator Name:				
GSW Permit #:	Lease Name: License #:				
	Quarter Sec TwpS. R				
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Permit #:				

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KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Summary of Changes

Lease Name and Number: Lyle Schaben 3-31

API/Permit #: 15-135-25897-00-00

Doc ID: 1427356

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	03/03/2016	11/13/2018
Geologist Report / Mud Logs?		Yes
Perf_acid1		250 gals 15% FE
Perf_acid2		400Gals 15% Ins-Fe 2% Solvent
Perf_perf1bottom		4397
Perf_perf1top		4382
Perf_perf2bottom		4401
Perf_perf2top		4397
Perf_shots1		8
Perf_shots2		8

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
PerforationsRevised		[[dataGrid]]
Production Interval #1	4383-4401	4383
Production Interval #3		4401



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1282826

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August 2013
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CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15	
Name:	Spot Description:	
Address 1:	SecTwpS. R	
Address 2:	Feet from North / South Line of Section	
City:	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.xxxxxx)	
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84	
Purchaser:	County:	
Designate Type of Completion:	Lease Name: Well #: Field Name: Producing Formation: Kelly Bushing:	
New Well Re-Entry Workover		
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW		
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:	
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Operator:	If Alternate II completion, cement circulated from:	
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Original Comp. Date: Original Total Depth:		
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan	
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)	
	Chloride content: ppm Fluid volume: bbls	
Commingled Permit #:	Dewatering method used:	
□ Dual Completion Permit #: □ SWD Permit #:		
☐ SWD Permit #: ENHR Permit #:	Location of fluid disposal if hauled offsite:	
GSW Permit #:	Operator Name:	
Ι σιιιιι π.	Lease Name: License #:	
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R	
Recompletion Date Recompletion Date Recompletion Date	County: Permit #:	

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Date:			
Confidential Release Date:			
☐ Wireline Log Received			
Geologist Report Received			
UIC Distribution			
ALT I II Approved by: Date:			

Summary of Changes

Lease Name and Number: Lyle Schaben 3-31

API/Permit #: 15-135-25897-00-00

Doc ID: 1427556

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	11/13/2018	11/14/2018
Perf_perf1top	4382	4383