

Confidentiality Requested:

☐ Yes ☒ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed
Form must be Signed
All blanks must be FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 35587
 Name: Rose Rock Midstream Crude, L.P.
 Address 1: TWO WARREN PLACE
 Address 2: 6120 S YALE SUITE 1500
 City: TULSA State: OK Zip: 74136 + _____
 Contact Person: JOHN CHRISTENSEN
 Phone: (918) 524-7377
 CONTRACTOR: License # 6427
 Name: Rosencrantz-Bemis Enterprises, Inc.
 Wellsite Geologist: JOHN HILDERBRAND
 Purchaser: _____

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ WSW ☐ SWD
☐ Gas ☐ DH ☐ EOR
☐ OG ☐ GSW
☐ CM (Coal Bed Methane)

☒ Cathodic ☐ Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ EOR Permit #: _____
☐ GSW Permit #: _____

10/25/2018 10/26/2018 11/6/2018
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No.: 15-159-22856-00-00

Spot Description: _____

NE - NW-NW-NE Sec. 3 Twp. 21 S. R. 7 ☐ East ☒ West
5053 Feet from ☐ North / ☒ South Line of Section
2000 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: RiceLease Name: MP 7.7 Well #: 1

Field Name: _____

Producing Formation: N/AElevation: Ground: 1627 Kelly Bushing: 0Total Vertical Depth: 310 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 65 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 1728 bblsDewatering method used: Haul Off Pit

Location of fluid disposal if hauled offsite:

Operator Name: UNDERGROUND CAVERN STABILATION, LLCLease Name: UCS HUTCHINSON FACILITY License #: 05155Quarter SW Sec. 14 Twp. 24 S. R. 6 ☐ East ☒ WestCounty: RENO Permit #: 128-1173

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 DistributionALT ☐ I ☐ II ☒ III Approved by: Karen Ritter Date: 02/13/2019

Operator Name: Rose Rock Midstream Crude, L.P. Lease Name: MP 7.7 Well #: 1
 Sec. 3 Twp. 21 S. R. 7 ☐ East ☒ West County: Rice

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run:	☒ Log Formation (Top), Depth and Datum ☐ Sample Name N/A Top N/A Datum N/A
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CASING RECORD ☒ New ☐ Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	17	10	1108.90	65	PORTLAND	50	WATER

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate	-			
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone	-			

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☒ No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. <i>(Submit ACO-5)</i> ☐ Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>
TUBING RECORD: Size: Set At: Packer At:					

Form	ACO1 - Well Completion
Operator	Rose Rock Midstream Crude, L.P.
Well Name	MP 7.7 1
Doc ID	1441422

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	17	10	1108.90	65	PORTLAND	50	WATER

Big Bend Groundwater Management District No. 5

125 South Main St. P.O. Box 7
Stafford, Kansas 67578DISTRICT PERMIT NUMBER
CPB-18-17

Well Location: MP 7.7	NW	NW	NE	Section	Township	Range
County RICE	1/4	1/4	1/4	3	21S	7W

APPLICANT:

Contact Person: RUSTY GANN

Name: MESA CORROSION CONTROL

Address: 4445 S. 74TH E. AVE

City/State/Zip Code: TULSA, OK 74145

Telephone No. 918-627-3188 EX 6186

Fax No. 918-627-2676

CONTRACTOR/DRILLER:

License No. 6427

Contact Person: GREG DODSON

Name: DARLING DRILLING

Address: 3916 W. 56TH AVE

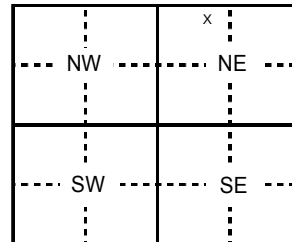
City/State/Zip Code: HUTCHINSON, KS 67502

Telephone No. 620-662-7901

Fax No. 620-662-1707

Drill Cuttings Recorded At 5 Feet Intervals? (minimum allowable) YES NO (circle one)

If "NO", What interval? _____

Drillers Log attached? YES NO (circle one)Geophysical/Electrical logs completed: YES NO (circle one)Geophysical/Electrical logs attached: YES NO (circle one)

Bore hole completion: Cased / Uncased

Diameter 17"

Casing material PVC SDR-21

Outside diameter of surface casing: 10.750"

Minimum wall thickness 0.511

SDR-21

Casing interval 5, 35, 75, 84

Centralizer locations: 3, 40, 60 feet bls

Grout material NEAT CEMENT

Grout intervals 80' to 3' feet bls

Anode conductor (backfill) material: LORESCO SC-3

Anode conductor interval: 310' to 80' feet bls

Anode interval 305', TO 160' ON 10' CC feet bls

Drilling pit construction: (Mark Yes or No)

A. Hydraulic conductivity of bottom and side less than 1×10^{-7} cm.sec: YESB. Above Ground: NOC. Portable: NONumber of copies of well completion form submitted to GMD #5: 1Number of copies of geophysical/electrical logs submitted to GMD #5: 1Number of copies of Completion (as built plan) form submitted to GMD #5: 1

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4'	SANDY TOP SOIL			
4'	28'	TAN CLAY-FINE SAND			
28'	38'	SMALL TO MED SAND			
38'	85'	RED SHALE			
85'	97'	GYPSUM, LIMESTONE, SAND			
97'	125'	REDISH GRAY SHALE			
125'	145'	REDISH GRAY SHALE, GYPSUM			
145'	155'	REDISH GRAY SHALE			
155'	175'	GRAY SHALE			
175'	200'	REDISH GRAY SHALE			
200'	250'	GRAY SHALE			
250'	310'	REDISH GRAY SHALE			

Date Submitted: 1/7/2019

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1

July 2014

Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 35587
Name: Rose Rock Midstream Crude, L.P.
Address 1: TWO WARREN PLACE
Address 2: 9120 S. YALE, SUITE 1500
City: TULSA State: OK Zip: 74136 +
Contact Person: JOHN CHRISTENSEN
Phone: (405) 945-6337
CONTRACTOR: License # 6427
Name: DARLING DRILLING
Wellsite Geologist: JOHN HILDEBRAND
Purchaser:

Designate Type of Completion:

- ☒ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ CM (Coal Bed Methane)
☒ Cathodic ☐ Other (Core, Expl., etc.):

If Workover/Re-entry: Old Well Info as follows:

Operator:

Well Name:

Original Comp. Date: Original Total Depth:

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

- ☐ Commingled Permit #:
☐ Dual Completion Permit #:
☐ SWD Permit #:
☐ ENHR Permit #:
☐ GSW Permit #:

10/25/2018 10/26/2018 11/6/2018
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 -

Spot Description: MP 7.7

NE_NW_NW_NE Sec. 3 Twp. 21 S. R. 7 ☐ East ☒ West
17 Feet from ☒ North / ☐ South Line of Section
1,995 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SW

GPS Location: Lat: 38.260524, Long: -98.076370
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☒ NAD83 ☐ WGS84

County:

Lease Name: RICE Well #: 1

Field Name: LYONS TO BURTON

Producing Formation:

Elevation: Ground: 1627 Kelly Bushing:

Total Vertical Depth: 310' Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 65 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from:

feet depth to: w/ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 1728.3 bbls

Dewatering method used:

Location of fluid disposal if hauled offsite:

Operator Name: UNDERGROUND CAVERN STABILIZATION, LLC

Lease Name: UCS HUTCHINSON FACILITY License #: KS-05-155-002

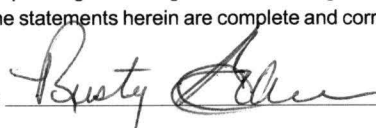
Quarter SW Sec. 14 Twp. 24 S. R. 6 ☐ East ☒ West

County: RENO Permit #: 128-1173

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: 

Title: PROJECT MGR Date: 1/4/2019

KCC Office Use ONLY

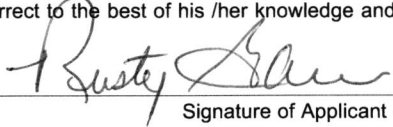
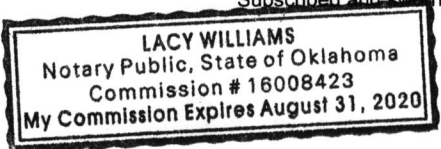
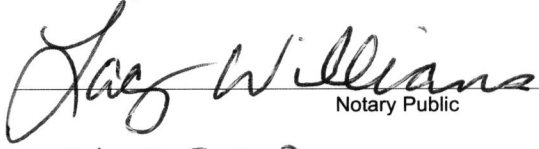
- ☐ Confidentiality Requested
Date:
☐ Confidential Release Date:
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☐ II ☐ III Approved by: Date:

Form CDP-5
July 2014
Form must be Typed

Operator Name: ROSE ROCK MIDSTREAM CRUDE, L.P.		License Number: 35587	
Operator Address: TWO WARREN PLACE, SUITE 1500			
Contact Person: JOHN CHRISTENSEN		Phone Number: (405) 945 - 6337	
Permit Number (API No. if applicable): CPB-18-17		Lease Name: MP 7.7	
Source of Waste: ☐ Emergency Pit ☐ Settling Pit ☐ Workover Pit ☒ Drilling Pit ☐ Burn Pit ☐ Haul-off Pit ☐ Steel Pit ☐ Spill / Escape ☐ Dike		Well Number: 1 Source Location (QQQQ): NE - NW - NW - NE Sec. 3 Twp. 21 R. 7 ☐ East ☒ West 1995 Feet from ☒ North / ☐ South Line of Section 3 Feet from ☒ East / ☐ West Line of Section GPS Location: Lat: 38.260524 , Long: -98.076370 (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: ☐ NAD27 ☒ NAD83 ☐ WGS84 County: RICE	
No Waste to be Hauled: ☐ (If checked, provide an explanation as to why no waste was hauled in the Comments area.)			
Type of waste to be disposed: ☒ Fluid ☐ Soil ☒ Mud / Cuttings ☐ Other:			
Amount of waste: _____ No. of loads 231 Barrels _____ Tons _____ YDS			
Destination of waste: ☐ Reserve Pit ☐ Haul Off Pit ☒ Disposal Well ☐ Lease Road ☐ Dike / Berm ☐ Other:			
If waste is transferred to another reserve pit, is the lease active? ☒ Yes ☐ No			
Location of Waste Disposal: Destination Out of State: ☐ (If checked, provide the location of where the waste was hauled in the Comments area.) Date of Waste Transfer: 11/1/2018 Operator Name: UNDERGROUND CAVERN STABILIZATION, LLC License No.: KS-05-155-002 Lease Name: UCS HUTCHINSON FACILITY Sec. 14 Twp. 24 R. 6 ☐ East ☒ West Docket No./API No.: CPB-18-18 County: RENO Comments:			
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. Date: 1/4/2019 Signature: Rusty Gann Title: PROJECT MGR			

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT

Form CDP-4
July 2014
Form must be Typed

Operator Name: ROSE ROCK MIDSTREAM CRUDE, L.P.	License Number: 35587
Operator Address: TWO WARREN PLACE, SUITE 1500, TULSA, OK 74136	
Contact Person: JOHN CHRISTENSEN	Phone Number: (405) 945 - 6337
Permit Number (API No. if applicable): CPB-18-17	Lease Name & Well No.: MP 7.7
Type of Pit: ☐ Emergency Pit ☐ Burn Pit ☐ Settling Pit ☒ Drilling Pit ☐ Workover Pit ☐ Haul-Off Pit	Pit Location (QQQQ): NE - NW - NW - NE Sec. 3 Twp. 21 R. 7 ☐ East ☒ West 1995 Feet from ☒ North / ☐ South Line of Section 3 Feet from ☒ East / ☐ West Line of Section RICE _____ County
Date of closure: 11/2/2018	
Was an artificial liner used? ☒ Yes ☐ No	
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?	
Abandonment procedure of pit: WASTE WAS REMOVED AND HAULED TO LICENSED FACILITY AND PIT WAS BACKFILLED WITH NATIVE SOIL.	
The undersigned hereby certifies that he / she is <u>RUSTY GANN</u> for <u>MESA CORROSSION CONTROL</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.	
 _____ Signature of Applicant or Agent	
Subscribed and sworn to me on this <u>4TH</u> day of <u>JANUARY</u> , 2019	
	 _____ Notary Public
My Commission Expires: <u>Aug. 31, 2020</u>	

WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

CPB-18-17

Well ID

MP 7.7

1 LOCATION OF WATER WELL: County: RICE	Fraction NE 1/4 NW 1/4 NW 1/4 NE 1/4	Section Number 3	Township Number T 21 S	Range Number R 7 E 1 W
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2 WELL OWNER: Last Name: JOHN First: CHRISTES Business: ROSE ROCK MIDSTREAM CRUDE, L.P. Address: TWO WARREN PLACE City: TULSA State: OK ZIP: 74136	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐ FROM THE CORNER OF 22ND RD AND AVENUE S GO EAST ON AVENUE S APPROX 0.62 MILES TO LOCATION ON
--	--

3 LOCATE WELL WITH "X" IN SECTION BOX: N W E S -----1 mile-----	4 DEPTH OF COMPLETED WELL: ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: ft. ☐ below land surface, measured on (mo-day-yr)..... ☐ above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ft. after..... hours pumping gpm Well water was ft. after..... hours pumping gpm Estimated Yield: gpm Bore Hole Diameter: in. to ft. and in. to ft.	5 Latitude: 38.260524 (decimal degrees) Longitude: -98.076370 (decimal degrees) Horizontal Datum: ☐ WGS 84 ☒ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☒ Online Mapper: GOOGLE EARTH
		6 Elevation: 1627 ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☒ Other GOOGLE EARTH

7 WELL WATER TO BE USED AS:		
1. Domestic: ☐ Household ☐ Lawn & Garden ☐ Livestock	5. ☐ Public Water Supply: well ID	10. ☒ Oil Field Water Supply: lease
2. ☐ Irrigation	6. ☐ Dewatering: how many wells?	11. Test Hole: well ID
3. ☐ Feedlot	7. ☐ Aquifer Recharge: well ID	☐ Cased ☐ Uncased ☐ Geotechnical
4. ☐ Industrial	8. ☐ Monitoring: well ID	12. Geothermal: how many bores?
	9. Environmental Remediation: well ID	a) Closed Loop ☐ Horizontal ☐ Vertical
	☐ Air Sparge ☐ Soil Vapor Extraction	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
	☐ Recovery ☐ Injection	13. ☒ Other (specify): CATHODIC PROTECTION

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted:

Water well disinfected? ☐ Yes ☒ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other	CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 10 in. to 65 ft., Diameter in. to ft., Diameter in. to ft.	
Casing height above land surface in. Weight 10.805 lbs./ft. Wall thickness or gauge No. 0.511	
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☒ None used (open hole) ☐ Other (Specify)	
SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)	
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)	
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.	
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.	

9 GROUT MATERIAL: ☒ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.
Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☐ Other (Specify)
Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4'	SANDY TOP SOIL	160'	175'	GRAY SHALE
4'	28'	TAN CLAY-FINE SAND	175'	200'	REDISH GRAY SHALE
28'	38'	SMALL TO MED SAND	200'	250'	GRAY SHALE
38'	85'	RED SHALE	250'	310'	REDISH GRAY SHALE
85'	97'	GYPSUM, LIMESTONE, SAND			
97'	125'	REDISH GRAY SHALE			
125'	145'	REDISH GRAY SHALE, GYPSUM	Notes:		
145'	155'	REDISH GRAY SHALE			
155'	160'	GRAY SHALE			

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 11/6/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6427 This Water Well Record was completed on (mo-day-year) 11/6/2018 under the business name of MESA Signature: [Signature]

Operator Name: Rose Rock Midstream Crude, L.P. Lease Name: RICE Well #: 1
 Sec. 3 Twp. 21S S. R. 7W ☐ East ☒ West County: _____

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No List All E. Logs Run: _____	☒ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum
--	--

CASING RECORD ☐ New ☐ Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	17"	10"	SDR-21	65'	PORTLAND	50	WATER

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☒ No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☒ No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☒ No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>		Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: ☐ Yes ☐ No
----------------	--	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

CLOSURE OF SURFACE PIT (FORM CDP-4)

Instructions

General Instruction.

1. Form must be typed.

Section 1: Operator Information.

- 1a. **Operator Name.** Enter the operator's full name as it appears on operator's license.
- 1b. **License #.** Enter the operator's license number. To verify KCC operator license information, please check the Commission's website at http://www.kcc.state.ks.us/conservation/oil_license.cgi or contact the Conservation Division's Licensing Department at (316) 337-6194.
- 1c. **Operator Address.** Enter the operator's street or PO box number, city, state, and zip code.
- 1d. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this Closure of Surface Pit Form, should the Conservation Division Staff need to contact the operator about the form. The contact person may be the operator or the operator's agent.
- 1e. **Phone.** Enter the phone number of the contact person that the Conservation Division Staff may easily reach if necessary to discuss the Closure of Surface Pit Form.

Section 2: Pit Information.

- 2a. **Permit Number (API No. if applicable).** Enter the KCC permit number for the pit to be closed. For workover, drilling, and haul-off pits, the Permit Number is the API Number. For emergency, settling, and burn pits, the Permit Number is listed at the bottom of the approved Application for Surface Pit (CDP-1) Form in the "KCC Office Use Only" Section.
- 2b. **Lease Name & Well No.** Enter the lease name and well number at which the subject pit is located.
- 2c. **Type of Pit.** Mark the appropriate box to indicate whether the subject pit is an emergency pit, settling pit, workover pit, burn pit, drilling pit, or haul-off pit.
- 2d. **Pit Location.**
 - 2d(1). **QQQQ.** Enter the pit's $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ section location.
 - 2d(2). **Sec., Twp., and R.** Enter the section, township, and range where the subject pit is located and mark the appropriate box to indicate if the range is East or West of the Sixth Principal Meridian.
 - 2d(3). **Footage from Section Lines.** Enter the number of feet the subject pit is located from the North or South section line and mark the appropriate box to indicate from which section line the measurement was taken. Enter the number of feet the subject pit is located from the East or West section line and mark the appropriate box to indicate from which section line the measurement was taken.
 - 2d(4). **County.** Enter the county where the subject pit is located.

Section 3: Closure Information.

- 3a. **Date of closure.** Enter the date when the subject pit was closed.
- 3b. **Use of an artificial liner.** Mark the appropriate box to indicate whether an artificial liner was used to close the subject pit.
- 3c. **Prevention of downward migration of pit contents.** If an artificial liner was not used to close the pit, provide an explanation of how the sides and bottom of the subject pit were sealed to prevent the downward migration of pit contents.
- 3d. **Abandonment Procedures.** Provide an explanation of the procedures used by the operator to abandon the subject pit after its closing.

Section 4: Verification.

- 4a. **Applicant's Position with operator.** Enter the position which the person completing the Form holds with the subject pit's operator.
- 4b. **Operator Name.** Enter the operator's full name as it appears in Section 1a.
- 4c. **Signature.** The applicant must sign the Form in front of a legal notary to verify that the information on the form is true and correct.
- 4d. **Legal Notary.** A legal notary will complete the 4d sections.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-4
July 2014
Form must be Typed

CLOSURE OF SURFACE PIT

Operator Name: 1a	License Number: 1b
Operator Address: 1c	
Contact Person: 1d	Phone Number: (1e) -
Permit Number (API No. if applicable): 2a	Lease Name & Well No.: 2b
Type of Pit: 2c ☐ Emergency Pit ☐ Burn Pit ☐ Settling Pit ☐ Drilling Pit ☐ Workover Pit ☐ Haul-Off Pit	Pit Location (QQQQ): ____ 2d(1) ____ - ____ Sec. ____ 2d(2) Twp. ____ R. ____ ☐ East ☐ West 2d(3) ____ Feet from ☐ North / ☐ South Line of Section 2d(3) ____ Feet from ☐ East / ☐ West Line of Section 2d(4) ____ County
Date of closure: 3a _____	
Was an artificial liner used? ☐ Yes ☐ No 3b	
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? 3c	
Abandonment procedure of pit: 3d	
The undersigned hereby certifies that he / she is _____ 4a _____ for _____ 4b _____ (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief. _____ 4c Signature of Applicant or Agent Subscribed and sworn to me on this 4d day of _____ 4d _____, 4d _____ 4d Notary Public My Commission Expires: _____ 4d _____	



More saving.
More doing.

1907 EAST 17TH AVENUE
HUTCHINSON, KS 67501 (620)728-0460

2214 00002 82806 10/26/18 02:20 PM
CASHIER MAHALA

0000-320-212 92LB ASHLAND <A>
ASHGROVE 92.6LB TYPE I-II PORT CMNT
15@10.55 158.25

SUBTOTAL 158.25
SALES TAX 14.40
TOTAL \$172.65

XXXXXXXXXX1003 AMEX USD\$ 172.65

AUTH CODE 800294/9023193 TA
AID A000000025010301 AMERICAN EXPRESS



2214 02 82806 10/26/2018 7906

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 01/24/2019

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H89 168115 165903
PASSWORD: 18526 165901

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.

MP 7 0581



INVOICE

INVOICE NO.: 13586
INVOICE DATE: 10/30/2018

MESA PRODUCTS, INC.
P.O. BOX 52608
TULSA, OK 74152-1608

NICKERSON MP 7
Kansas Sales Tax

Qty	UM	Description	Tax	Price/Unit	Ext Amt
TICKET # 37184 - 10/26/2018					
4.50	HR	3000 GAL DOT VACUUM BOBTAIL	N	110.00	495.00
		EMPTIED PIT AND HAULED DRILLING MUD FROM LOCATION TO UCS DISPOSAL			
51.15	BBL	BS&W DISPOSAL	N	6.75	345.26
TOTAL FOR TICKET # 37184					840.26
TICKET # 37185 - 10/27/2018					
5.50	HR	3000 GAL DOT VACUUM BOBTAIL	N	110.00	605.00
		EMPTIED PIT AND HAULED DRILLING MUD AND CUTTINGS TO UCS IN HUTCHINSON			
41.41	BBL	BS&W DISPOSAL	N	6.75	279.52
1.00	EA	DISPOSAL-AFTER HOURS FEE	N	175.00	175.00
TOTAL FOR TICKET # 37185					1,059.52
PLEASE PAY THIS AMOUNT =====>					1,899.78

aka Kelly Maclaskey Oilfield Services, Inc.

Maclaskey Oilfield Services, Inc.
JOB SERVICE TICKET
Mid-Continent Division

P.O. Box 222
El Dorado, Kansas 67042
(316) 321-9011

Date Oct 26th 2013

CHARGE TO: Mesa Products
P.O. Box 52608
Tulsa, OK 74152

Billing Information:

Work Location	<u>Rose Rock midstream</u>	Truck#	<u>1184</u>
	<u>Nickerson MP7</u>	Hours	<u>4.5</u>
		Rate	<u>\$110.00</u>
Maclaskey Disposal (bbls)	<u>51.15 BBLS @ 6.75</u>	Disposal Fee	<u>\$345.26</u>
Wash Out Time (hours)	_____	Wash Out Fee	_____
UltraSolve Chemical (gallons)	_____	Chemical Charge	_____
Maclaskey Lease Ticket #	_____	Total Charge	<u>\$840.26</u>

Job Description:

Emptied pit hauled drilling mud from
location to UES disposal

TICKET

37184

Driver

Shay 9/644

Maclaskey Oilfield Services, Inc.
JOB SERVICE TICKET
Mid-Continent Division

P.O. Box 222
El Dorado, Kansas 67042
(316) 321-9011

Date Oct 24th 2018

CHARGE TO: Mesa Products
P.O. Box 52605
Tulsa, OK 74152

Billing Information:

Work Location	<u>Rose Rock</u> <u>Nickerson MP 7</u>	Truck#	<u>1184</u>
		Hours	<u>5.5</u>
		Rate	<u>\$110.00</u>
Maclaskey Disposal (bbls)	<u>41.41 BBLS</u>	Disposal Fee	<u>\$2795.00</u>
Weekend Disposal Fee			<u>\$175.00</u>
Wash Out Time (hours)		Wash Out Fee	
UltraSolve Chemical (gallons)		Chemical Charge	
Maclaskey Lease Ticket #		Total Charge	<u>\$1059.52</u>

Job Description:

Emptied pit hauled drilling mud and
cuttings to UCS in Hutch

fr

TICKET

37185

Driver

by
Shel 7644

2018 Beneficial Reuse Material Log
UCS - Hutchinson Facility

Date	Generator		Transporter		Manifest Tracking #	EPA Approval #	Material Description	EPA Agrees w/Permittee	Scale Ticket #	Volume (cords)	Emp/Location	NORM Reading (random)	Weights		Volume (cords)	Volume (cords)	Field Density (pcf)	Chlorides		Vehicle	
	ID #	Name	Company	Driver									In (lbs)	Out (lbs)				PPM	pH	Semi Dump	Semi Tank
10/26/2018	128	MacLuskeys	MacLuskeys	Shay	128-3424	128-1173	Boring muds	YES	784361	11.66	SW-13	0	11.66	51410	12500	51.15	26970	11.6	950	9.9	X
10/27/2018	128	MacLuskeys	MacLuskeys	Shay	128-3425	128-1173	Boring muds	YES	784362	9.74	SW-13	0	9.74	50260	30780	41.41	19430	11.2	900	9.2	X

RHO1

SALINA SCALE SALES & SERVICE - SALINA, KS

784361

Date 10-26-18

Seller/ Buyer Macloskey Oilfield

Remarks

Address PO Box 222

City El Dorado

State KS Zip 67042

53420 LB 02:45 PM 10/26/18

Store Sell

Commodity Bong nuts

26500 LB 03:18 PM 10/26/18

Price

Driver On ☒ Off

Shipper Shay Chambers

Weigher LM

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

Please print or type

1. Generator/Operator UCS ID Number: <u>128</u>		2. Page 1 of <u>1</u>		3. Emergency Response Phone #: <u>316-321-8011</u>		4. Manifest Tracking Number: <u>128-3424</u>		5. UCS BRM Approval Number: <u>128-1173</u>			
6. Generator/Operator Name and Mailing Address: Rosa Rock Midstream LP 6120 S Yale Ave, #700 Tulsa, OK 74136						Generator/Operator Site Address (if different than mailing address)					
7. Generator/Operator Source Location: Legal Sec. <u>1</u> Twp. <u>1</u> R. <u>1</u> East West <u>1</u> feet from <u>1</u> North/ <u>1</u> South line of section <u>1</u> feet from <u>1</u> East/ <u>1</u> West line of section SENG County, Kansas						Generator/Operator Source Location: Longitude & Latitude <u>38-260468</u> Longitude <u>-96-076370</u> Latitude Generator/Operator Source Location: Physical Address:					
8. Transporter(1) Company Name MacLaskay Oilfield						UCS ID Number:					
9. Transporter(2) Company Name						UCS ID Number:					
10. Designated Facility Name and Site Address: Underground Cavern Stabilization, LLC 7513 South K14 Hwy South Hutchinson, KS 67505 Facility's Phone Number: 620.662.6367											
BRM Description (as noted on the Form 150)				11. Containers		12. Total Quantity		13. Unit Wt./Vol.			
				No. Type							
1. Boring Muds											
2.											
3.											
14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.											
Generator/Operator Name <u>Randy Craig</u>			Signature <u>Randy Craig</u>			Month <u>10</u>		Day <u>26</u>		Year <u>18</u>	
15. Transporter's Acknowledgment of Receipt of Materials											
Transporter 1 Name <u>Shay Chambers</u>			Signature <u>Shay Chambers</u>			Month <u>10</u>		Day <u>26</u>		Year <u>18</u>	
Transporter 2 Name			Signature			Month		Day		Year	
16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator and have not been tampered with in any way, nor have the materials been out of my custody unless otherwise noted by additional transporter signature, and that this consignment has been transported by the most direct route possible by current road conditions. I certify that the contents of this consignment conform to the terms of the attached Materials Placement Permit Application.											
Transporter 1 Name <u>Shay Chambers</u>			Signature <u>Shay Chambers</u>			Month <u>10</u>		Day <u>26</u>		Year <u>18</u>	
Transporter 2 Name			Signature			Month		Day		Year	
17. Discrepancy											
17a. Discrepancy Indication Space Quantity Type Residue Full Rejection											
18. Material Placement Cavern Well Location:											
19. Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manifest except as noted in Item 17a.											
Name <u>Vicky Hester</u>			Signature <u>VH</u>			Month <u>10</u>		Day <u>26</u>		Year <u>18</u>	



BENEFICIAL REUSE MATERIAL INSPECTION REPORT

1. Date: 10-26-18
2. Time: 2:45 pm
3. Beneficial Reuse Material Name/Description: Cathodic boring material
4. Transporter: MacLasky's Oilfield
5. Name of driver: Shay
6. Source of beneficial reuse material as stated by driver: Rose Rock - Nickerson MP 7
7. Hauling Permit No.: N/A
8. Vehicle License No.: Ba DOT # 283970
9. Vehicle Type: Truck
10. Unauthorized material found in the beneficial reuse material shipment? Yes ☐ No ☒
11. If "Yes", was Rejected Beneficial Reuse Material Form completed? Yes ☐ No ☐
12. Photograph identification verified? (circle) Yes ☐ No ☒
13. Identification type _____ Company ID _____ Drivers License (state) _____
14. Inspector's observations:

Material contained in truck. Used process knowledge.
Liquid (sludge) load - Had to be emplaced immediately. Not stored in
Clearspan like most Lyons Salt loads.
15. The physical characteristics (i.e. color, odor, etc.) of the beneficial reuse material stream conform to the Material Emplacement Application and previous material shipments. Yes ☒ No ☐
16. If "No," was a Rejected Beneficial Reuse Material Form completed? Yes ☐ No ☐
17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL ACCEPTED BY BENEFICIAL REUSE MATERIAL MANIFEST NUMBER 128-3124 IS AS DESCRIBED BY THE GENERATOR IN THE GENERATOR BENEFICIAL REUSE MATERIAL PROFILE SHEET.

[Signature]
Signature of Site Inspector

10-26-18
Date

Vicky Hester
Printed Name of Inspector

2:45 pm
Time

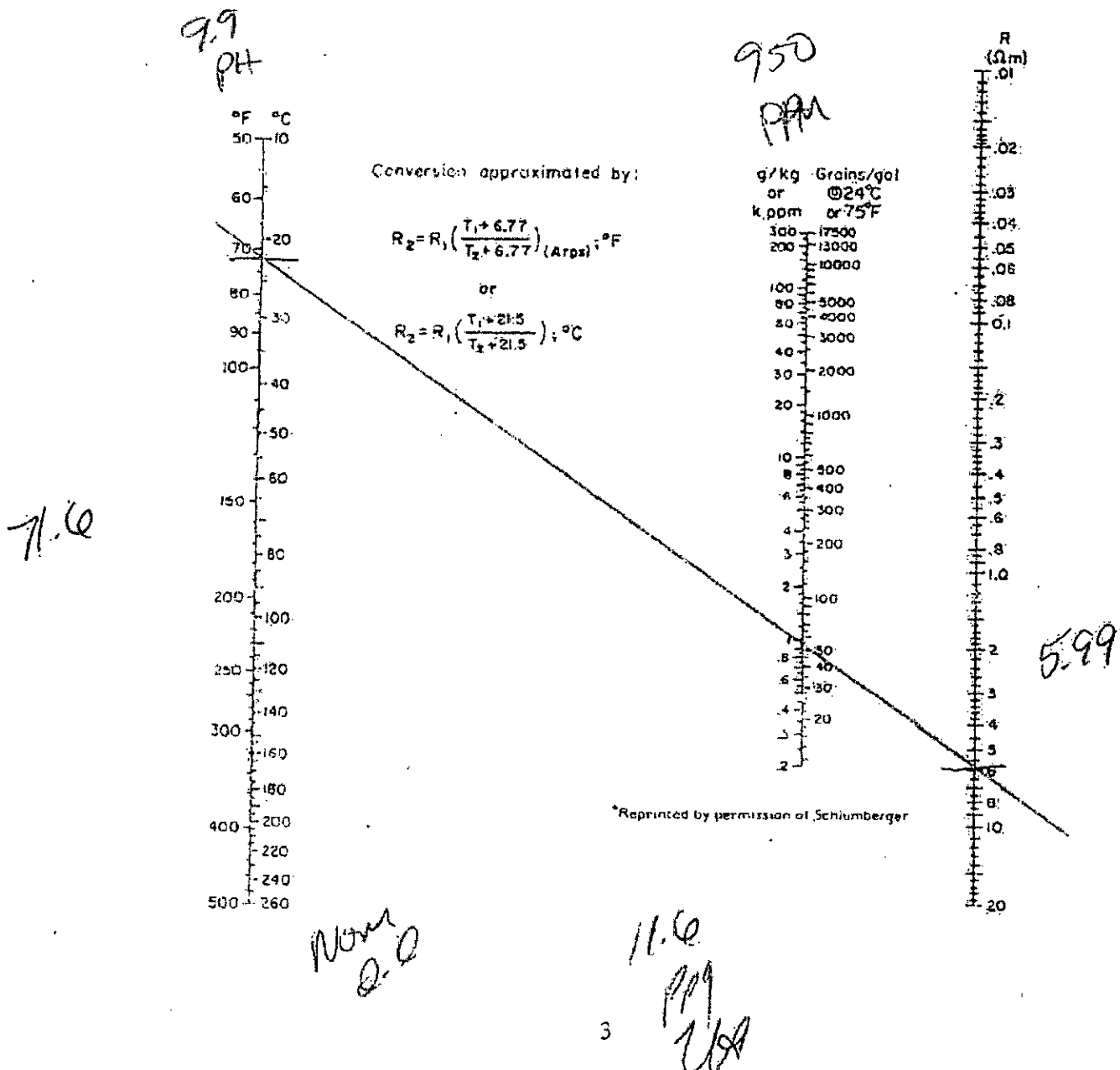
10-26-18

True

RESISTIVITY NOMOGRAPH FOR NaCl SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



RH01

SALINA SCALE SALES & SERVICE - SALINA, KS

784362

Date 10-27-18Seller/ Buyer McCleskey D. H. and

Remarks

Address P.O. Box 222Woodland RaticCity El DoradoState KS Zip 67042

50260 LB 04:12 PM 10/27/18

Store _____ Sell _____

Commodity Boring mules

50780 LB 04:33 PM 10/27/18

Price _____

Driver: On 1 Off _____Shipper Steve ChandlerWeigher Steve Pugh

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

Please print or type

GENERATOR/OPERATOR	1. Generator/Operator UCS ID Number: <u>128-3425</u>	2. Page 1 of <u>1</u>	3. Emergency Response Phone #: 316-321-9011	4. Manifest Tracking Number: <u>128-3425</u>	5. UCS BRM Approval Number: <u>128-1173</u>	
	6. Generator/Operator Name and Mailing Address: Rose Rock Midstream LP 6120 S Yale Ave, #700 Tulsa, OK 74138			Generator/Operator Site Address (if different than mailing address)		
	7. Generator/Operator Source Location: Legal Sec. <u>1</u> Twp. <u>1</u> R. <u>1</u> East West feet from <u>1</u> North/South line of section feet from <u>1</u> East/West line of section <u>1</u> County, Kansas			Generator/Operator Source Location: Longitude & Latitude 38-260468 Longitude <u>-94.570376</u> Latitude Generator/Operator Source Location: Physical Address:		
	8. Transporter 1 Company Name Macliskey Oilfield					UCS ID Number:
	9. Transporter 2 Company Name					UCS ID Number:
TRANSPORTER	10. Designated Facility Name and Site Address: Underground Cavern Stabilization, LLC 7513 South K14 Hwy South Hutchinson, KS 67505 Facility's Phone Number: 620.662.6367					
	BRM Description (as noted on the Form 150)		11. Containers		12. Total Quantity	
			No.	Type		
	1. Boring Muds					
	2.					
	3.					
	14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.					
	Generator/Operator Name: <u>Randy Crank</u>		Signature: <u>Randy Crank</u>		Month: <u>10</u> Day: <u>27</u> Year: <u>18</u>	
	15. Transporter's Acknowledgment of Receipt of Materials					
	Transporter 1 Name: <u>Shay Chambers</u>		Signature: <u>Shay Chambers</u>		Month: <u>10</u> Day: <u>27</u> Year: <u>18</u> Time: <u>3:30</u>	
Transporter 2 Name:		Signature:		Month: Day: Year: Time:		
UCS FACILITY	16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator and have not been tampered with in any way, nor have the materials been out of my custody unless otherwise noted by additional transporter signature, and that this consignment has been transported by the most direct route possible by current road conditions. I certify that the contents of this consignment conform to the terms of the attached Materials Employment Permit Application.					
	Transporter 1 Name: <u>Shay Chambers</u>		Signature: <u>Shay Chambers</u>		Month: <u>10</u> Day: <u>27</u> Year: <u>18</u> Time: <u>4:13</u>	
	Transporter 2 Name:		Signature:		Month: Day: Year: Time:	
	17. Discrepancy					
	17a. Discrepancy Indication Space (Quantity Type Residue Full Rejection)					
18. Material Emplacement Cavern Well Location:						
19. Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manifest except as noted in Item 17a.						
Name: <u>Steve Pugh</u>		Signature: <u>Steve Pugh</u>		Month: <u>10</u> Day: <u>27</u> Year: <u>18</u> Time: <u>4:12 PM</u>		



BENEFICIAL REUSE MATERIAL INSPECTION REPORT

1. Date: 10-27-18
2. Time: 4:12 pm
3. Beneficial Reuse Material Name/Description: Cathodic boring material
4. Transporter: MacLuskey's Oilfield
5. Name of driver: Shay
6. Source of beneficial reuse material as stated by driver: Rose Rock - Nickerson MP. 7
7. Hauling Permit No.: N/A
8. Vehicle License No.: DOT # 283970
9. Vehicle Type: Truck
10. Unauthorized material found in the beneficial reuse material shipment? Yes ☐ No ☒
11. If "Yes", was Rejected Beneficial Reuse Material Form completed? Yes ☐ No ☐
12. Photograph identification verified? (circle) Yes ☐ No ☒
13. Identification type _____ Company ID _____ Drivers License (state) _____
14. Inspector's observations: Material contained in truck. Used process knowledge.
Liquid (sludge) load - Had to be emplaced immediately. Not stored in.
Clearspan like most Lyons Salt loads.
15. The physical characteristics (i.e. color, odor, etc.) of the beneficial reuse material stream conform to the Material Emplacement Application and previous material shipments. Yes ☒ No ☐
16. If "No," was a Rejected Beneficial Reuse Material Form completed? Yes ☐ No ☐
17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL ACCEPTED BY BENEFICIAL REUSE MATERIAL MANIFEST NUMBER 128-1425 IS AS DESCRIBED BY THE GENERATOR IN THE GENERATOR BENEFICIAL REUSE MATERIAL PROFILE SHEET.

Vicki Hester
Signature of Site Inspector

Vicki Hester
Printed Name of Inspector

10-27-18
Date

4:12 pm
Time

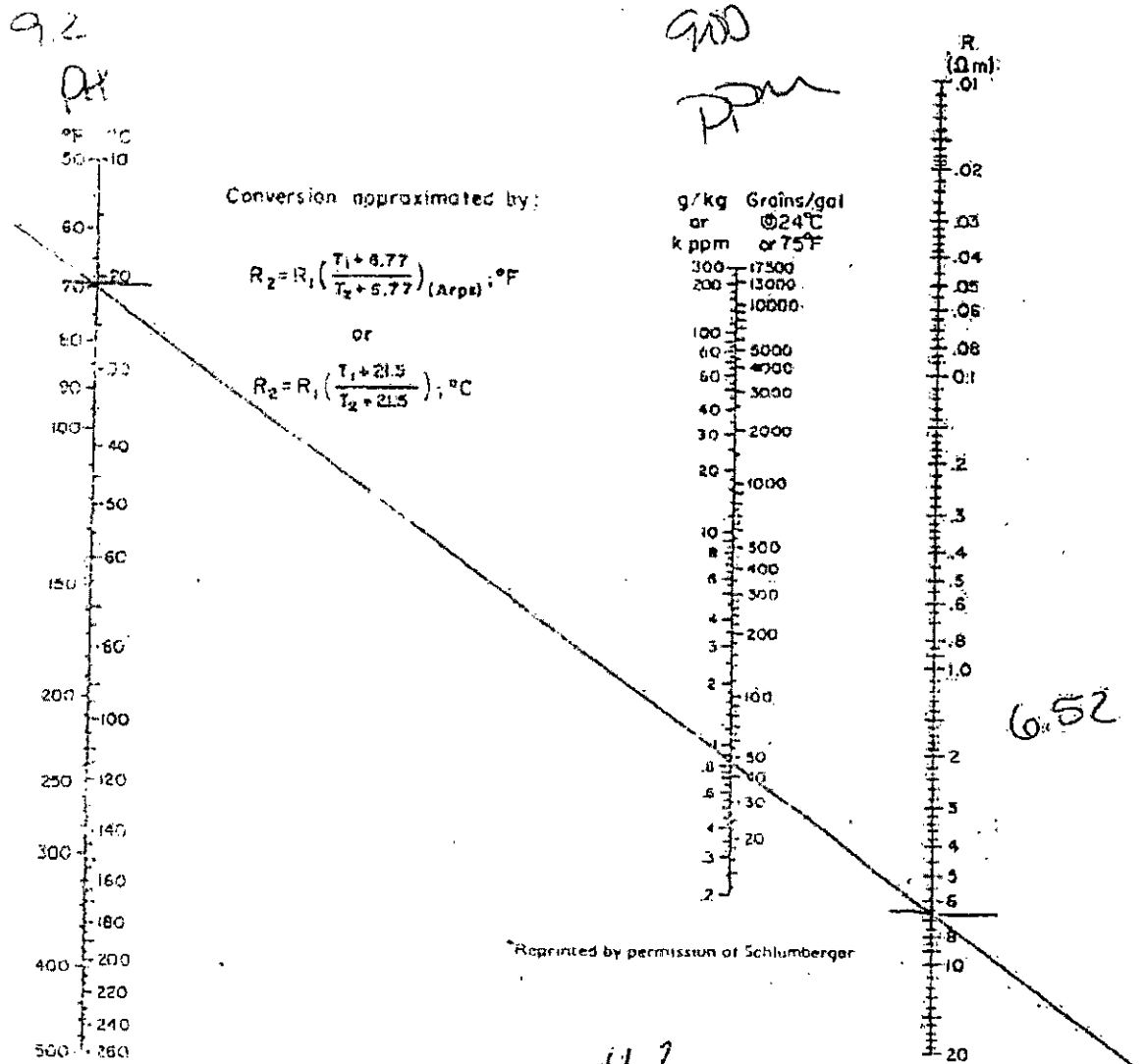
10-27-18

Treche

RESISTIVITY NOMOGRAPH FOR NaCl SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



Now
Q-Q

11.2

PP
U

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: _____		County: _____	API Number: _____
Operator Name: Rose Rock Midstream Crude, L.P.		Well Name and Number: RICE	1
Latitude: 38.260524	Longitude: -98.076370		Datum: NAD83
Production Type: _____	True Vertical Depth (TVD): 310'	Total Base Fluid Volume (gal)*: _____	

Hydraulic Fracturing Fluid Composition:

[illegible]

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

* Total Water Volume sources may include fresh water, produced water, and/or recycled water. ** Information is based on the maximum potential for concentration and thus the total may be over 100%.
Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS).

WELL COMPLETION (FORM ACO-1)

Instructions

General Instructions.

1. The form must be typed.
2. All horizontal wellbore completions are required to attach the additional information with their ACO-1 as listed below in Section 11.

Section 0: Confidentiality.

- 0a. **Confidentiality Requested.** Mark the box to indicate if confidentiality is requested.

Section 1: Operator/Well Information.

- 1a. **License #.** Enter the operator's license number.
- 1b. **Name.** Enter the operator's full name as it appears on the operator's license.
- 1c. **Address.** Enter the operator's mailing address (street or PO Box).
- 1d. **City/State/Zip.** Enter the operator's city, state, and zip code.
- 1e. **Contact Person.** Enter the name of the individual who will be the operator's contact person, should Conservation Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- 1f. **Phone.** Enter the phone number of the contact person listed in "1e" above.
- 1g. **Contractor License #.** Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent.
- 1h. **Contractor Name.** Enter the name of the drilling contractor as it appears on the drilling contractor's operator license.
- 1i. **Wellsite Geologist.** Enter the name of the wellsite geologist witnessing the completion work.
- 1j. **Purchaser.** Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- 1k. **Designate Type of Completion.** Mark the appropriate box to indicate if it is a new well, re-entry, or workover. Also mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be marked.
- 1L. **Old Well Information. Only complete this section if the subject well is a workover or reentry.**
 - 1l(1). **Operator.** Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
 - 1l(2). **Well Name.** Enter the name under which the subject well was last operated.
 - 1l(3). **Original Completion Date.** Enter the date on which the subject well was originally completed.
 - 1l(4). **Original Total Depth.** Enter the original total depth of the subject well.
 - 1l(5). **Deepening, Re-perforate, Convert to Enhanced Recovery/ Saltwater Disposal/Gas Storage.** Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the well has been deepened, re-perforated, and/or converted to an enhanced recovery or saltwater disposal well. Multiple boxes may be marked. For each box that is marked, enter the corresponding permit number to the right of the box.
- 1m. **Spud Date or Recompletion Date.** For new wells, enter the date on which the well was spud. Otherwise, enter the date on which current recompletion operations were commenced.
- 1n. **Date Reached TD.** Enter the date on which the operator reached total depth.
- 1o. **Completion Date or Recompletion Date.** For new wells, enter the date on which the new well was completed. Otherwise, enter the date on which current recompletion operations were finished.
- 1p. **API No. Enter the API Number.** This number is subject to change. Staff will contact the operator if major changes are made to the subject well's API Number.
- 1q. **Spot Location.** Enter the geographic location of the subject well by $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$, Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- 1r. **Footage Location from Section Lines.**
 - 1r(1). Enter the number of feet the subject well is located from the South or North section line. Circle which section line the measurement was taken from.
 - 1r(2). Enter the number of feet the subject well is located from the East or West section line. Circle which section line the measurement was taken from.
- 1s. **Footages Calculated From Nearest Outside Section Corner.** Mark the appropriate box indicating the outside section corner nearest the location of the well.
 - 1s(1). Enter GPS latitude
 - 1s(2). Enter GPS Longitude
 - 1s(3). Enter Datum
- 1t. **County.** Enter the county in which the well is located.
- 1u. **Lease Name/Well Number.** Enter the name of the lease and the well number.
- 1v. **Field Name.** List the name of the field where the well is located. Field names are available from KGS at <http://www.kgs.ku.edu/Magellan/Field/index.html>, or Independent Oil & Gas Service at <http://www.iogsi.com>.
- 1w. **Producing Formation.** Enter the name of the geologic formation from which the well is producing.
- 1x. **Elevation.**
 - 1x(1). **Ground.** Enter the elevation in feet above sea level for the well's location.
 - 1x(2). **Kelly Bushing.** Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- 1y. **Total Vertical Depth.** Enter the total vertical depth of the well.
- 1z. **Plug Back Total Depth.** Enter the total depth of the plug back in the well.
 - 1aa. **Amount of Surface Pipe Set and Cemented.** Enter the depth to which surface pipe is set and cemented.
 - 1bb. **Multiple Stage Cementing Collar Used.**
 - 1bb(1). Mark the box to show if a multiple stage cementing collar was used to complete/recomplete the well.
 - 1bb(2). If a multiple stage cementing collar was used, fill in the blank with the depth at which it was set.
 - 1cc. **Alternate II Completion.** If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.

Section 2: Drilling Fluid Management Plan.

- 2a. **Chloride Content.** Enter the chloride content in parts per million of reserve pit fluids.
- 2b. **Fluid Volume.** Enter the volume in barrels of reserve pit fluids used.
- 2c. **Dewatering Method Used.** Enter the dewatering method used at the well during drilling operations.
- 2d. **Location of Fluid Disposal if Hauled Offsite.**
 - 2d(1). **Operator Name.** Enter the name of the operator who disposed of the drilling fluids.
 - 2d(2). **Lease Name.** Enter the name of the lease at which the drilling fluids were disposed.
 - 2d(3). **License Number.** Enter the license number of the operator who disposed of the drilling fluids.
 - 2d(4). **Geographic Location.** Enter the geographic location of the lease on which drilling fluids were disposed by $\frac{1}{4}$, Section, Township, and Range. Mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
 - 2d(5). **County.** Enter the county in which the fluid disposal is located.
 - 2d(6). **Permit Number.** If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

Section 3: Verification.

- 3a. **Signature.** The operator or the operator's agent must sign the Well Completion Form.
- 3b. **Title.** The title, with respect to the operator, of the individual signing the form.
- 3c. **Date.** Enter the date on which the form is completed.

Section 4: Operator and Well Information.

- 4a. **Operator Name.** Enter the operator's full name as it appears on the operator's license.
- 4b. **Lease Name/Well Number.** Enter the lease name and well number for the well.
- 4c. **Geographic Location.** Enter the location of the well by Section, Township, and Range, and mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 4d. **County.** Enter the name of the county in which the well is located.

Section 5: Logs, Samples, and Test Reporting.

- 5a. **Drill Stem Tests.** Mark the box to indicate whether drill stem tests were taken. If drill stem tests were taken, additional sheets must be attached to the ACO-1.
- 5b. **Samples Sent to Geological Survey.** Mark the box to indicate if geologic samples were sent to KGS.
- 5c. **Cores Taken.** Mark the box to indicate if cores were taken.
- 5d. **Electric Log Run.** Mark the box to indicate if electric log(s) were run on the subject well.
- 5e. **List All Electric Logs Run.** If electric logs were run on the subject well, list all of the electric logs conducted.
- 5f. **Formation (Top), Depth, and Datum.** Mark the appropriate "Log" or "Sample" box, or both boxes, to indicate whether the formation information is derived from a driller's log or geologic samples. Enter the name of each penetrated producing or storage formation, the formation top, and the datum of the formation top. The formation datum is the distance from the formation top to the mean sea level. It may be a positive or a negative number.

Section 6: Casing Record.

- 6a. **New or Used.** Mark the box to indicate if the well's casing is new or had been previously used.
- 6b. **Casing Strings Used.** For each separate string of casing used, enter the following information:
 - 6b(1). **Purpose of String.** The purpose of the casing string.
 - 6b(2). **Size Hole Drilled.** The size of hole drilled for the casing string.
 - 6b(3). **Size Casing Set.** The outside diameter of the casing.
 - 6b(4). **Weight.** The weight of the casing set, expressed in pounds per foot.
 - 6b(5). **Setting Depth.** The depth to which the casing string is set.
 - 6b(6). **Type of Cement.** The type of cement used to set the casing string.
 - 6b(7). **# Sacks Used.** The number of sacks of cement used to set the casing string.
 - 6b(8). **Type and Percent Additives.** The type and percent additives to the cement used to set the casing string.

Section 7: Additional Cementing/Squeeze Record.

- 7a. **Purpose.** Mark the blank(s) indicating the purpose of the additional cementing/squeeze. Mark all that apply.
- 7b. **Depth Top Bottom.** Enter the depth of the additional cementing from top to bottom.
- 7c. **Type of Cement.** Enter the type of cement used for the additional cementing.
- 7d. **Number of Sacks Used.** Enter the number of sacks used for the additional cementing.
- 7e. **Type and Percent Additives.** Enter the type and percent of additives to the additional cementing.
- 7f. **Three Hydraulic Fracturing Questions.** Mark the appropriate box for each question.

Section 8: Perforation, Acid, Fracture, Shot, and Cement Squeeze Record.

For each set of perforations in the well, enter the following information:

- 8a. **Shots per foot.** Enter the number of perforations per foot.
- 8b. **Perforation Record - Bridge Plugs Set/Type & Specific Footage of Each Interval Perforated.** Enter the type of bridge plugs, the depth the bridge plugs are set for each interval perforated, and the depth of each perforated interval.
- 8c. **Acid, Fracture, Shot, Cement Squeeze Record.** Enter the amount and kind of material used for any acid, fracture, or shot treatment, and any cement squeeze at each perforation interval.

- 8d. **Depth.** Enter the depth of the acid, fracture, shot, or cement squeeze at each perforation interval.

Section 9: Miscellaneous.

- 9a. **Tubing Record.**
 - 9a(1). **Size.** Enter the size of tubing set in the subject well.
 - 9a(2). **Set at.** Enter the depth at which the tubing is set in the subject well.
 - 9a(3). **Packer at.** Enter the depth at which the tubing packer is set in the subject well.
- 9b. **Liner Run.** Mark the appropriate box to indicate if a liner is in the subject well.
- 9c. **Date of First or Resumed Production, SWD, or ENHR.** For newly completed wells, enter the date of first production, saltwater disposal, or enhanced recovery operations. For workovers or re-entries, enter the date of resumed production, saltwater disposal, or enhanced recovery operations.
- 9d. **Producing Method.** Mark the appropriate box to indicate by which method the subject well is producing: flowing, pumping, gas lift, or other. If the "other" box is marked, write in a brief explanation of the producing method.
- 9e. **Estimated Production Per 24 Hours.** Enter the following information regarding the estimated production from the subject well over a 24-hour period:
 - 9e(1). **Oil Bbls.** Enter the estimated number of barrels oil produced from the subject well in a 24-hour period.
 - 9e(2). **Gas Mcf.** Enter the estimated amount of gas produced from the subject well in a 24-hour period, expressed in thousands of cubic feet.
 - 9e(3). **Water Bbls.** Enter the estimated number of barrels water produced from the subject well in a 24-hour period.
 - 9e(4). **Gas-Oil Ratio.** Enter the gas-oil ratio for production from the subject well.
 - 9e(5). **Gravity.** The API gravity (density) of produced oil, measured in degrees.
 - 9e(6). **Disposition of Gas.** Mark the appropriate box to indicate the disposition of any gas produced from the subject well as vented, sold, or used on lease. If the gas is vented, you must submit an ACO-18 with the ACO-1.
 - 9e(7). **Method of Completion; Production Interval.** Mark the appropriate box to indicate if the production interval in the subject well is open hole, perforated, dually completed, commingled, or other. If the "other" box is marked, specify the method of completion in the blank provided. If the subject well is producing from commingled zones, you must file an ACO-4 form. If the subject well is dually completed, you must file an ACO-5 form.
 - 9e(8). **Production Interval.** Enter the footages where the wellbore is perforated.

Section 10: Hydraulic Fracturing Fluid Product Component Information Disclosure

Section 10 must be completed if Question 3 in Section 7(f) was marked "No". In other words, Section 10 must be completed for each hydraulic fracturing treatment using more than 350,000 gallons of base fluid, if the operator has not submitted all of the required information to FracFocus. "Hydraulic fracturing treatment" means all stages in a well completion utilizing hydraulic fracturing fluid.

- 10a. **Last Fracture Date.** Enter the date on which the operator concluded fracturing at the well.
- 10b. **County.** Enter the county where the well is located.
- 10c. **API Number.** Enter the API number of the well.
- 10d. **Operator Name.** Enter the operator's full name as it appears on the operator's license.
- 10e. **Well Name and Number.** Enter the well name and well number.
- 10f. **Latitude.** Enter the GPS latitude for the well.
- 10g. **Longitude.** Enter the GPS longitude for the well.
- 10h. **Datum.** Provide the horizontal reference datum used with the GPS reading (NAD 27, NAD 83, WGS 84).
- 10i. **Production Type.** Describe the type of completion, as listed in section 1k on the first page of the ACO-1.
- 10j. **True Vertical Depth (TVD).** Enter the true vertical depth of the well.

- 10k. **Total Base Fluid Volume (gal).** Enter the volume in gallons the total base fluid used.
- 10l. **Hydraulic Fracturing Fluid Composition.**
 10l(1) through 10l(8) must be provided for each base fluid, proppant, and chemical constituent used in each hydraulic fracturing treatment, unless it is the incidental result of a chemical process or a naturally occurring material that becomes part of the fluid during the hydraulic fracturing treatment. Fluids/proppants/chemical constituents subject to 29 CRF 1910.1200(i) appear on material safety data sheets (MSDS), and must be listed at the top of the page. All other fluids/proppants/chemical constituents must be listed at the bottom.
- 10l(1). **Trade Name.** Enter the trade name for each fluid/proppant/chemical constituent.
- 10l(2). **Supplier.** Enter the supplier name for each fluid/proppant/chemical constituent.
- 10l(3). **Purpose.** Enter the purpose of each fluid/proppant/chemical constituent.
- 10l(4). **Ingredients.** Enter the ingredients of each fluid/proppant/chemical constituent. If the ingredients are a trade secret, enter "Trade Secret" in this section.
- 10l(5). **Chemical Abstract Service Number (CAS #).** Enter the CAS # for the fluid/proppant/chemical constituent.
- 10l(6). **Maximum Ingredient Concentration in Additive (% by mass).** Enter the maximum concentration, as part of the additive, by percent mass, of each proppant/chemical constituent. That is, exclude the base fluid from the percent mass calculation. Enter "N/A" for the base fluid. Enter a percentage in this column for each other proppant/constituent.
- 10l(7). **Maximum Ingredient Concentration in HF Fluid (% by mass).** Enter the maximum concentration, as part of the hydraulic fracturing fluid, of each fluid/proppant/chemical constituent. In other words, include the base fluid in the percent mass calculation. Enter a percentage for the base fluid, and also for each proppant and other constituent.
- 10l(8). **Authorized Representative's Name, Address, and Phone Number.** For any fluid/proppant/chemical constituent labeled a "Trade Secret" in 10l(4), list the name, authorized representative, mailing address, and phone number of the party claiming the trade secret. If the fluid/proppant/chemical constituent is not a trade secret, this section may be left blank.
- 10m. **Non-MSDS Data.** For non-MSDS fluids/proppants/constituents, enter the data for 10l(1) through 10l(8) here.

longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.

3. All operators must certify that the information contained on the plat depicting the well as drilled is accurate. Also, all operators must retain the well's completion information depicting how the wellbore was perforated for the life of the well and make it available upon Commission request.

Section 11: Information to attach to the ACO-1 for Mississippi horizontal wellbores

1. Attach a directional survey indicating the final path of the horizontal wellbore.
2. Attach a plat map depicting the well as it is drilled.
 - a. For horizontal wellbores completed open hole, the plat must depict the surface location, the point at which the wellbore encounters the producing formation (depth and distance from the nearest lease or unit boundary line), any isolation packers and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
 - b. For cased horizontal wellbores, upload a plat that shows the well as it is drilled, including the surface location, the point the wellbore enters the producing formation (depth and distance from the nearest lease or unit boundary line), the location of the first perforation (depth and distance from the nearest lease or unit boundary line), the location of the last perforation (depth and distance from the nearest lease or unit boundary line), and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and

Confidentiality Requested: 0a

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

July 2014

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 1a

Name: 1b

Address 1: 1c

Address 2: 1c

City: 1d State: 1d Zip: 1d + 1d

Contact Person: 1e

Phone: (1f) 1f

CONTRACTOR: License # 1g

Name: 1h

Wellsite Geologist: 1i

Purchaser: 1j

Designate Type of Completion: 1k

- ☐ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW
- ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
- ☐ OG ☐ GSW ☐ Temp. Abd.
- ☐ CM (Coal Bed Methane)
- ☐ Cathodic ☐ Other (Core, Expl., etc.):

If Workover/Re-entry: Old Well Info as follows:

Operator: 1l (1)

Well Name: 1l (2)

Original Comp. Date: 1l (3) Original Total Depth: 1l (4)

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

1l (5)

- ☐ Commingled Permit #:
- ☐ Dual Completion Permit #:
- ☐ SWD Permit #:
- ☐ ENHR Permit #:
- ☐ GSW Permit #:

1m 1n 1o

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 1p

Spot Description: 1q

1q - - - Sec. 1q Twp. 1q S. R. 1q ☐ East ☐ West

1r (1) Feet from ☐ North / ☐ South Line of Section

1r (2) Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

1s ☐ NE ☐ NW ☐ SE ☐ SW

GPS Location: Lat: 1s (1) , Long: 1s (2)
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84 1s (3)

County: 1t

Lease Name: 1u Well #: 1u

Field Name: 1v

Producing Formation: 1w

Elevation: Ground: 1x (1) Kelly Bushing: 1x (2)

Total Vertical Depth: 1y Plug Back Total Depth: 1z

Amount of Surface Pipe Set and Cemented at: 1aa Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No 1bb (1)

If yes, show depth set: 1bb (2) Feet

If Alternate II completion, cement circulated from: 1cc

feet depth to: 1cc w/ 1cc sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 2a ppm Fluid volume: 2b bbls

Dewatering method used: 2c

Location of fluid disposal if hauled offsite:

Operator Name: 2d (1)

Lease Name: 2d (2) License #: 2d (3)

Quarter 2d (4) Sec. 2d (4) Twp. 2d (4) S. R. 2d (4) ☐ East ☐ West

County: 2d (5) Permit #: 2d (6)

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: 3a

Title: 3b Date: 3c

KCC Office Use ONLY

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

Operator Name: 4a Lease Name: 4b Well #: _____
 Sec. 4c Twp. 4c S. R. 4c ☐ East ☐ West County: 4d

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 ☐ Yes ☐ No 5a <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No 5b Cores Taken ☐ Yes ☐ No 5c Electric Log Run ☐ Yes ☐ No 5d List All E. Logs Run: 5e	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum 5f
--	--

CASING RECORD ☐ New ☐ Used 6a							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
6b (1)	6b (2)	6b (3)	6b (4)	6b (5)	6b (6)	6b (7)	6b (8)

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: 7a ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
	7b	7c	7d	7e

- 7f** 1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*
 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*
 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
8a	8b	8c	8d
TUBING RECORD: Size: 9a (1) Set At: 9a (2) Packer At: 9a (3) Liner Run: ☐ Yes ☐ No 9b			
Date of First, Resumed Production, SWD or ENHR. 9c		Producing Method: 9d ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbls. 9e (1)	Gas Mcf 9e (2)	Water Bbls. 9e (3) Gas-Oil Ratio 9e (4) Gravity 9e (5)

DISPOSITION OF GAS: 9e (6) ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: 9e (7) ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: 9e (8) _____ _____
---	--	--

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date:	10a	County:	10b	API Number:	10c
Operator Name:	10d	Well Name and Number:	10e		
Latitude:	10f	Longitude:	10g	Datum:	10h
Production Type:	10i	True Vertical Depth (TVD):	10j	Total Base Fluid Volume (gal)*:	10k

Hydraulic Fracturing Fluid Composition:

[illegible]

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS. 10m

* Total Water Volume sources may include fresh water, produced water, and/or recycled water. ** Information is based on the maximum potential for concentration and thus the total may be over 100%.
Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS).



INVOICE

INVOICE NO.: 13594
INVOICE DATE: 11/01/2018

MESA PRODUCTS, INC.
P.O. BOX 52608
TULSA, OK 74152-1608

PO# 10-18-0581 MP 7
Kansas Sales Tax

Qty	UM	Description	Tax	Price/Unit	Ext Amt
TICKET # 37599 - 10/29/2018					
6.50		130 BBL VACUUM TRUCK	N	125.00	812.50
		EMPTY PIT AND HAULED DRILLING MUD AND CUTTINGS OFF TO UCS			
81.61	BBL	BS&W DISPOSAL	N	6.75	550.87
TOTAL FOR TICKET # 37599					1,363.37
TICKET # 37186 - 10/30/2018					
7.00		130 BBL VACUUM TRUCK	N	125.00	875.00
		HAULED DRILLING MUD AND CUTTINGS FROM PIT TO UCS IN HUTCHINSON			
54.69	BBL	BS&W DISPOSAL	N	6.75	369.16
2.00	HR	WASH OUT TIME	N	87.50	175.00
TOTAL FOR TICKET # 37186					1,419.16
PLEASE PAY THIS AMOUNT =====>					2,782.53

aka Kelly Maclaskey Oilfield Services, Inc.

Maclaskey Oilfield Services, Inc.
JOB SERVICE TICKET
Mid-Continent Division

P.O. Box 222
El Dorado, Kansas 67042
(316) 321-9011

Date Oct 29th 2018

CHARGE TO:

Musa Products
P.O. Box 52608
Tulsa, OK 74152

PO# 10-18-0581 MP7

Billing Information:

Work Location	<u>Rose Rock</u>	Truck#	<u>82</u>
		Hours	<u>6.5</u>
		Rate	<u>\$125.00</u>
Maclaskey Disposal (bbls)	<u>81.61 BBIS @ 6.75</u>	Disposal Fee	<u>\$550.82</u>
Wash Out Time (hours)	<u> </u>	Wash Out Fee	<u> </u>
UltraSolve Chemical (gallons)	<u> </u>	Chemical Charge	<u> </u>
Maclaskey Lease Ticket #	<u> </u>	Total Charge	<u>\$1363.32</u>

Job Description:

Emptied PIT bailed drilling mud and
cutting off &

TICKET

37599

Driver

Shay 9/6/44

Maclaskey Oilfield Services, Inc.
JOB SERVICE TICKET
Mid-Continent Division

P.O. Box 222
El Dorado, Kansas 67042
(316) 321-9011

Date Oct 30th 2018

CHARGE TO:

Mesa Products
P.O. Box 52605
Tulsa, OK 74152

PO# 10-18-0581 MP 7

Billing Information:

Work Location	<u>Rose Rock</u>	Truck#	<u>82</u>
		Hours	<u>7</u>
		Rate	<u>\$12500</u>
Maclaskey Disposal (bbls)	<u>54.19 @ 6.75</u>	Disposal Fee	<u>\$369.16</u>
Wash Out Time (hours)	<u>2 hr @ 8.50</u>	Wash Out Fee	<u>\$17500</u>
UltraSolve Chemical (gallons)		Chemical Charge	
Maclaskey Lease Ticket #		Total Charge	<u>\$14916</u>

Job Description:

Hauled drilling mud and cuttings from
pit to UCS in Hutchinson

for

TICKET

37186

cf
Driver

Shay 7644

Date	Generalist Name	Transportation		Mapping / Tracking #	BNA's Approval #	Material Description	SMA Agency Information	State Water Transfer #	Endowment Location	NORM Funding Project ID	Water In (MGD)	WWTZ In (MGD)	Target WWTZ In (MGD)	Volume (MG)	Peak Demand (MG)	Capacity (%)	Type	
		Servicing	Driver															
10/30/2018	JH MacIsakeys	None	None	128-3426	128-1173	Boring muds	YES	784363	SW-11	0	11.51	871.92	51120	81.61	10.8	CLEANOUT	X	
10/30/2018	JH MacIsakeys!	None	None	128-3427	128-1173	Boring muds	YES	784364	SW-11	0	13.05	734.90	47860	56.49	13	1,000	9.4	X

51841

RHO1

BALTIMORE SCALE SALES & SERVICE - SALINA, KS

784363

Date 10-30-18Seller/
Buyer MacLashley Oilfield

Remarks _____

Address PO Box 222City El DoradoState KS Zip 67042

89140 LB 07:57 am 10/30/18

Store _____ Sell _____

Commodity Boring Muds

52120 LB 08:29 am 10/30/18

Price _____

Driver: On ☒ Off ☐Shipper Shay ChambersWeigher CTA

Underground Cavern Stabilization, LLC
 Post Office Box 225
 GREAT BEND, KANSAS 67530-0225
 Phone (620) 662-6367

No. 1690

BILL TO:

Date: 10-30-18Name MacLashley OilfieldAddress PO Box 222El Dorado, KS 67042

Quantity:

DESCRIPTION OF SERVICE

AMOUNT

TOTAL

/

Truck cleanout

150⁰⁰150⁰⁰

Form 45

TRUCKING/COMPANY

By: Shay Chambers

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

Please print or type

GENERATOR/OPERATOR	1. Generator/Operator UCS ID Number: 128		2. Page 1 of 1		3. Emergency Response Phone #: 316-321-9011		4. Manifest Tracking Number: 128-3426		5. UCS BRM Approval Number: 128-1173		
	6. Generator/Operator Name and Mailing Address: Rose Rock Midstream LP 6120 S Yale Ave, #700 Tulsa, OK 74136						Generator/Operator Site Address (if different than mailing address)				
	7. Generator/Operator Source Location: Legal Sec. 1 Twp. 1 R. 1 East West feet from 1 North/ 1 South line of section feet from 1 East/ 1 West line of section County, Kansas						Generator/Operator Source Location: Longitude & Latitude 38-260468 Longitude -98.076370 Latitude Generator/Operator Source Location: Physical Address:				
	8. Transporter 1 Company Name Maclasky Oilfield						UCS ID Number:				
TRANSPORTER	9. Transporter 2 Company Name						UCS ID Number:				
	10. Designated Facility Name and Site Address: Underground Cavern Stabilization, LLC 7513 South K14 Hwy South Hutchinson, KS 67505 Facility's Phone Number: 620.662.6367										
	BRM Description (as noted on the Form 150)				11. Containers		12. Total Quantity		13. Unit Wt./Vol.		
					No. Type						
UCS FACILITY	1. Boring Muds										
	2.										
	3.										
	14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.										
Generator/Operator Name Randy Crowl			Signature Randy Crowl			Month 10	Day 29	Year 18			
15. Transporter's Acknowledgment of Receipt of Materials											
Transporter 1 Name Shay Chambers			Signature Shay Chambers			Month 10	Day 29	Year 18	Time 1:15 p.m.		
Transporter 2 Name			Signature			Month	Day	Year	Time		
16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator and have not been tampered with in any way, nor have the materials been out of my custody unless otherwise noted by additional transporter signature, and that this consignment has been transported by the most direct route possible by current road conditions. I certify that the contents of this consignment conform to the terms of the attached Materials Emplacement Permit Application.											
Transporter 1 Name Shay Chambers			Signature Shay Chambers			Month 10	Day 30	Year 18	Time 7:50 A.M.		
Transporter 2 Name			Signature			Month	Day	Year	Time		
17. Discrepancy											
17a. Discrepancy Indication Space Quantity Type / Residue Pull Rejection											
18. Material Emplacement Cavern Well Location:											
19. Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manifest except as noted in Item 17a.											
Name Wadey Hester			Signature Wadey Hester			Month 10	Day 30	Year 18	Time 7:57 AM		



BENEFICIAL REUSE MATERIAL INSPECTION REPORT

1. Date: 10-30-18
2. Time: 7:57 AM
3. Beneficial Reuse Material Name/Description: Cathodic boring material
4. Transporter: Maclaskey's Oilfield
5. Name of driver: Shay
6. Source of beneficial reuse material as stated by driver: Rose Rock - Nickerson MP 7
7. Hauling Permit No.: N/A
8. Vehicle License No.: DOT # 283970
9. Vehicle Type: Truck
10. Unauthorized material found in the beneficial reuse material shipment? Yes ☒ No
11. If "Yes", was Rejected Beneficial Reuse Material Form completed? Yes ☐ No
12. Photograph identification verified? (circle) Yes ☒ No
13. Identification type _____ Company ID _____ Drivers License (state) _____
14. Inspector's observations:

Material contained in truck. Used process knowledge. Liquid (sludge) load - Had to be emplaced immediately. Not stored in Clearspan like most Lyons Salt loads.
15. The physical characteristics (i.e. color, odor, etc.) of the beneficial reuse material stream conform to the Material Emplacement Application and previous material shipments. Yes ☒ No
16. If "No," was a Rejected Beneficial Reuse Material Form completed? Yes ☐ No
17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL ACCEPTED BY BENEFICIAL REUSE MATERIAL MANIFEST NUMBER 128-3126 IS AS DESCRIBED BY THE GENERATOR IN THE GENERATOR BENEFICIAL REUSE MATERIAL PROFILE SHEET.

[Signature]
Signature of Site Inspector

Vicky Hester
Printed Name of Inspector

10-30-18
Date

7:57 AM
Time

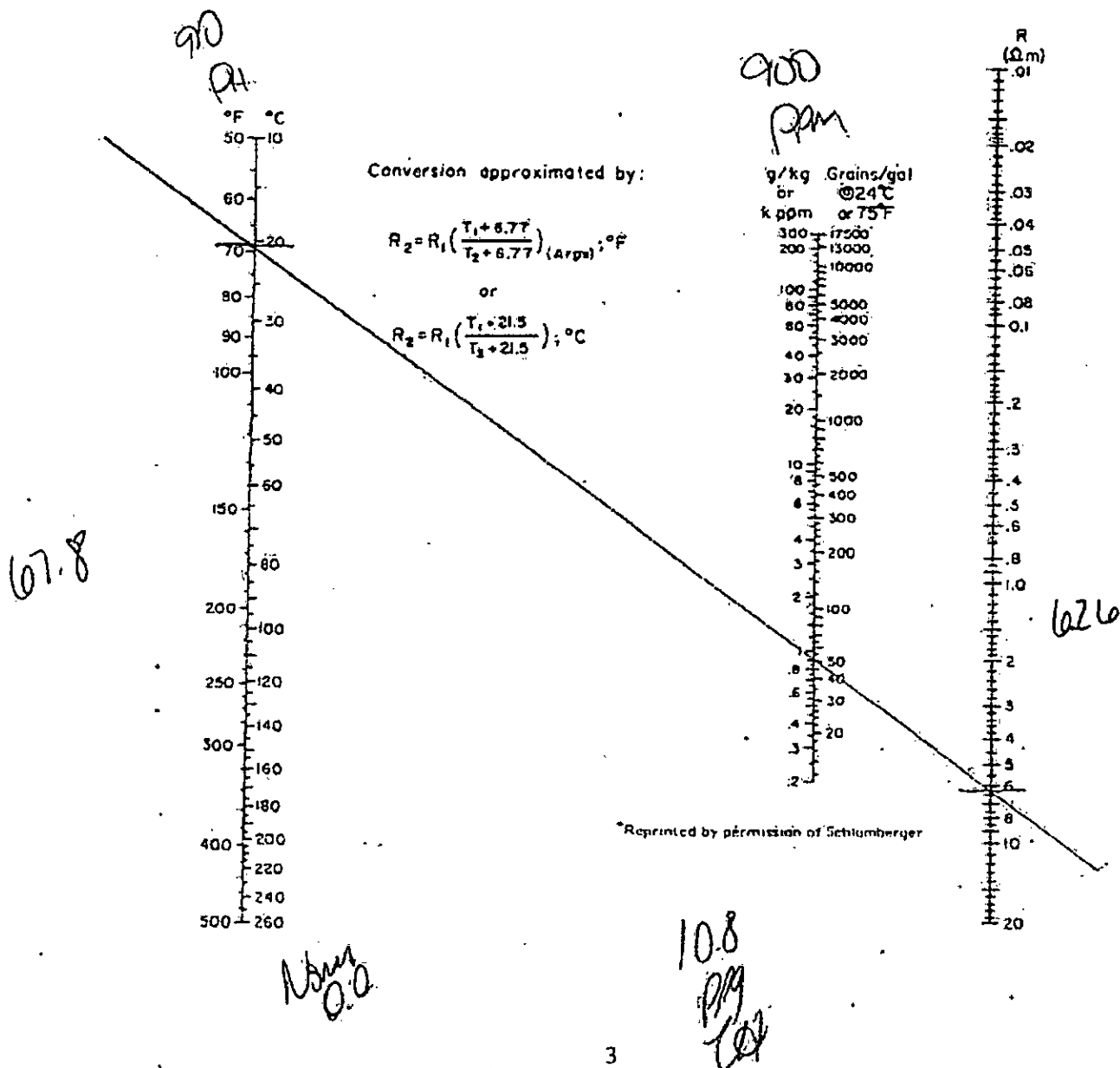
10-3018

Thresh

RESISTIVITY NOMOGRAPH FOR NaCl SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



RH01

SAUNA SCALE SALES & SERVICE - SAUNA, KS

784364

Date 10-30-18Seller/
Buyer MacLashys Oilfield

Remarks _____

Address PO Box 222City El DoradoState KS Zip 67042

73460 LB 11:09 am 10/30/18

Store _____ Sell _____

Commodity Boring fluids

47360 LB 12:14 pm 10/30/18

Price _____

Driver: On ☒ Off ☐Shipper [Signature]Weigher UD

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

Please print or type

GENERATOR/OPERATOR	1. Generator/Operator UCS ID Number: 128-1173	2. Page 1 of _____	3. Emergency Response Phone #: 316-321-9011	4. Manifest Tracking Number: 128-3427	5. UCS BRM Approval Number: 128-1173	
	6. Generator/Operator Name and Mailing Address: Rosa Rock Midstream LP 6120 S Yale Ave, #700 Tulsa, OK 74136			Generator/Operator Site Address (if different than mailing address)		
	7. Generator/Operator Source Location: Legal Sec. _____ Twp. _____ R. _____ East _____ West _____ _____ feet from _____ North/ _____ South line of section _____ feet from _____ East/ _____ West line of section RENO County, Kansas			Generator/Operator Source Location: Longitude & Latitude 38-260468 Longitude -99.070370 Latitude Generator/Operator Source Location: Physical Address:		
	8. Transporter 1 Company Name Madaskoy Oilfield			UCS ID Number:		
TRANSPORTER	9. Transporter 2 Company Name			UCS ID Number:		
	10. Designated Facility Name and Site Address: Underground Cavern Stabilization, LLC 7513 South K14 Hwy South Hutchinson, KS 67505 Facility's Phone Number: 620.662.6367					
	BRM Description (as noted on the Form 150)		11. Containers	12. Total Quantity	13. Unit Wt./Vol.	
			No. Type			
UCS FACILITY	1. Boring Muds					
	2.					
	3.					
	14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.					
Generator/Operator Name Randy Cronk		Signature Randy Cronk		Month 10	Day 30	Year 18
15. Transporter's Acknowledgment of Receipt of Materials						
Transporter 1 Name Shay Chambers		Signature Shay Chambers		Month 10	Day 30	Year 18
Transporter 2 Name		Signature		Month	Day	Year
				Time 10:30 A.m		
16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator and have not been tampered with in any way, nor have the materials been out of my custody unless otherwise noted by additional transporter signature, and that this consignment has been transported by the most direct route possible by current road conditions. I certify that the contents of this consignment conform to the terms of the attached Materials Emplacement Permit Application.						
Transporter 1 Name Shay Chambers		Signature Shay Chambers		Month 10	Day 30	Year 18
Transporter 2 Name		Signature		Month	Day	Year
				Time 11:09 A.m		
17. Discrepancy						
17a. Discrepancy Indication Space 1 Quantity Type Residue Full Rejection						
18. Material Emplacement Cavern Well Location:						
19. Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manifest except as noted in Item 17a.						
Name Udley Hester		Signature Udley Hester		Month 10	Day 30	Year 18
				Time 11:09 A.m		

**BENEFICIAL REUSE MATERIAL INSPECTION REPORT**

1. Date: 10-30-18
2. Time: 11:09 am
3. Beneficial Reuse Material Name/Description: Cathodic boring material
4. Transporter: Macliskey's Oilfield
5. Name of driver: Shay
6. Source of beneficial reuse material as stated by driver: Rose Rock - Nickerson MP 7
7. Hauling Permit No.: N/A
8. Vehicle License No.: Ba DOT # 283970
9. Vehicle Type: Truck
10. Unauthorized material found in the beneficial reuse material shipment? Yes ☐ No ☒
11. If "Yes", was Rejected Beneficial Reuse Material Form completed? Yes ☐ No ☐
12. Photograph identification verified? (circle) Yes ☐ No ☒
13. Identification type _____ Company ID _____ Drivers License (state) _____
14. Inspector's observations:

Material contained in truck. Used process knowledge. Liquid (sludge) load - Had to be emplaced immediately. Not stored in Clearspan like most Lyons Salt loads.
15. The physical characteristics (i.e. color, odor, etc.) of the beneficial reuse material stream conform to the Material Emplacement Application and previous material shipments. Yes ☒ No ☐
16. If "No," was a Rejected Beneficial Reuse Material Form completed? Yes ☐ No ☐
17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL ACCEPTED BY BENEFICIAL REUSE MATERIAL MANIFEST NUMBER 128-3127 IS AS DESCRIBED BY THE GENERATOR IN THE GENERATOR BENEFICIAL REUSE MATERIAL PROFILE SHEET.

[Signature]
 Signature of Site Inspector

10-30-18
 Date

Vicki Hester
 Printed Name of Inspector

11:09 am
 Time

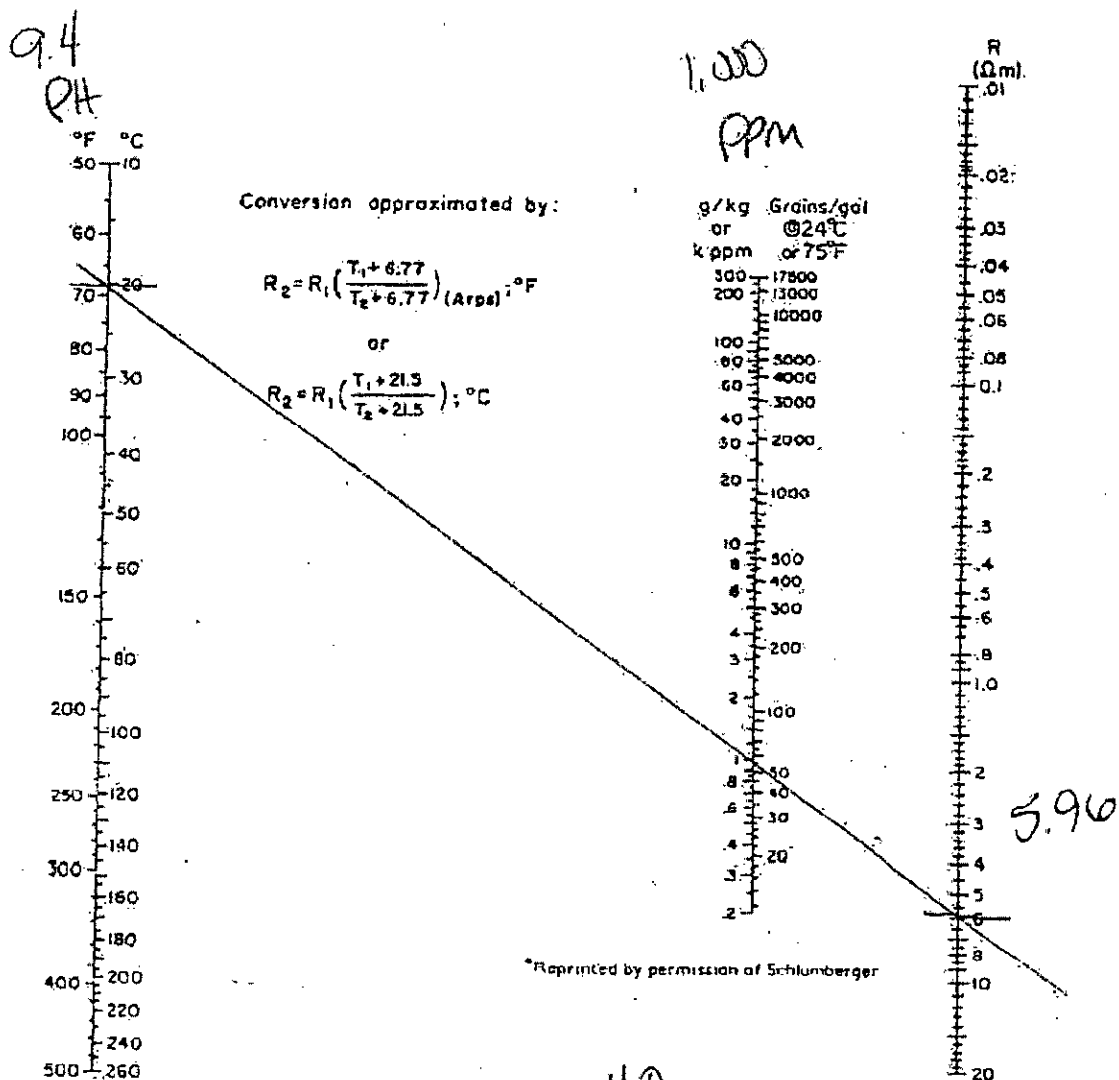
10-30-18

Truck

RESISTIVITY NOMOGRAPH FOR NaCl SOLUTIONS*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



Now
0.0

11.0
PPM
100