KOLAR Document ID: 1455148

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
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.g. xx.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 SWD	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
Cothodia Cothor (Comp. Funt. etc.)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:
Operator:	feet depth to:w/sx cmt.
Well Name:	leet depth to 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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II Approved by: Date:						

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Page Two

Operator Name:					Lease Na	ame: _			Well #:		
SecTwp	oS.	R	East	West	County: _						
open and closed, and flow rates if g	flowing and s gas to surface y Log, Final L	hut-in pressu test, along wi ogs run to ob	res, whe ith final c tain Geo	ther shut-in prechart(s). Attach	essure reache extra sheet i and Final Elec	ed stati if more ctric Lo	c level, hydrosta space is neede	tic pressures, d.		val tested, time tool rature, fluid recovery, Digital electronic log	
Drill Stem Tests Taken Yes (Attach Additional Sheets)				es No	No Log Formation (Top), Depth				h and Datum Sample		
Samples Sent to Geological Survey				es No	□ No			Тор	Datum		
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			Y	es No es No es No							
			David		RECORD	☐ Ne					
	9	ize Hole	-	ze Casing	weight		rmediate, production, etc. Setting Type of		# Sacks	Type and Percent	
Purpose of Str		Size Hole Drilled		t (In O.D.)	Lbs. / F		Depth	Type of Cement	Used	Additives	
	'			ADDITIONAL	. CEMENTING	3 / SQL	JEEZE RECORD	'	'		
Purpose:	To	Depth p. Bottom	Туре	of Cement	# Sacks U	sed		Туре а	Type and Percent Additives		
Perforate Protect Casing Plug Back TD Plug Off Zone		p Bottom			_						
Did you perform Does the volume Was the hydraulic	of the total bas	e fluid of the hy	draulic fra	acturing treatmen		•		No (If No	o, skip questions 2 and o, skip question 3) o, fill out Page Three o		
Date of first Produc	ction/Injection or	Resumed Prod	duction/	Producing Meth			0.1%	NI (5 ())			
injection.				Flowing Pumping				other (Explain) _			
Estimated Product Per 24 Hours	tion	Oil Bl	bls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:				N	METHOD OF COMPLETION:				PRODUCTIO		
Vented Sold Used on Lease				Open Hole	Perf. Dually Comp. (Submit ACO-5)			nmingled	Тор	Bottom	
(If vented	d, Submit ACO-1	8.)				(Submit	ACO-5) (SUD	mit ACO-4)			
Shots Per Foot	Perforation Perforation Bridge Plug Top Bottom Type		Bridge Plug Set At		Acid,	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)					
TUBING RECORD): Size.	:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Scout Energy Management LLC
Well Name	FOSTER 12
Doc ID	1455148

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	32	798	Class H	375	12% gel, 3% CaCl2
Production	7.875	5.5	15.5	3245	Class H	490	6% gel, 1/4# cellphone, 8% salt, 2% defoamer