KOLAR Document ID: 1475328

Confiden	tiality Re	quested:
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	· DESCRIPTIO	N OF WELL	& LEASE

OPERATOR: License #	API No.:			
Name:	Spot Description:			
Address 1:				
Address 2:	Feet from Dorth / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
	Producing Formation:			
	Elevation: Ground: Kelly Bushing:			
	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	Drilling Fluid Management Plan			
Plug Back Liner 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 Fermit #	Location of fluid disposal if nauled offsite:			
GSW Permit #	Operator Name:			
	Lease Name: License #:			
Soud 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.

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 III Approved by: Date:				

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Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

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 (Attach Additional Sheets)		Y	′es 🗌 No	[og Formatio	n (Top), Depth a	and Datum	Sample
		1	Name	Э		Тор	Datum		
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	Logs	□ Y □ Y □ Y	és ☐ No és ☐ No és ☐ No						
		Rep	CASING ort all strings set-c	RECORD] Ne	w Used	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[1		ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Used		Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fractu 	aulic fracturing treatme total base fluid of the uring treatment informa	ent on this v hydraulic fr ation submi	vell? acturing treatment tted to the chemic	exceed 350,000 al disclosure regi	gallo stry?	Nes Yes	 No (If No, s No (If No, s No (If No, f 	kip questions 2 ar kip question 3) ill out Page Three	nd 3) of the ACO-1)
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas Mcf Water Bbls. Gas-Oil Ratio			Gravity			
DISPOSITION	N OF GAS:		N		MPLE	TION:		PRODUCTIO	ON INTERVAL:
Vented Sold (If vented, Subn	Used on Lease		Open Hole Perf.		U Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)				
Shots Per Perforation Perforation Bridge Plug Foot Top Bottom Type		Bridge Plug Type	Bridge Plug Set At Acid, Fracture, Shot, Cementing Squeez (Amount and Kind of Material Used		ementing Squeezend of Material Used)	Record			
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	DUSTY 2
Doc ID	1475328

All Electric Logs Run

Dual Compensate Porosity Log	
Dual Induction Log	
Geologist Log	
Secto Bond-Gamma Ray Log	

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	DUSTY 2
Doc ID	1475328

Tops

Name	Тор	Datum
Heebner	3526	-2050
Toronto	3540	-2064
Kansas City	4040	-2564
Hushpuckney Sh.	4236	-2760
Cherokee Sh.	4746	-3270
Viola	4785	-3309
Simpson Sd.	4874	-3398
Arbuckle	5035	-3559
Total Depth	5070	-3594

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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	10.75	8.625	24	345	60/40 Poz	300	2% Salt
Production	7.875	5.5	15.5	5075	Common	250	Gas Block 2% Salt

Fracture Start Date/Time:	9/10/19 10:05	
Fracture End Date/Time:	9/10/19 11:49	
State:	Kansas	Frac Focus
County:	Barber	Chemical Disclosure Registry
API Number:	15-007-23848-0000	(e.g. XX-XXX-XXXXX-0000)
Operator Number:		
Well Name:	Dusty 2	
Federal Well:	No	
Tribal Well:	No	
Longitude:	-98.4102511	
Latitude:	37.1938823	
Long/Lat Projection:	NAD27	
True Vertical Depth (TVD):	4,550'	
Total Clean Fluid Volume* (gal):	402,748	

Additive	Specific Gravity	Additive Quantity	Mass (lbs)	
WATER	1.00	402,748	3.360,932	٦
Sand	2,65	179,500	179,500]/
Pexcide P5	0.96	.38	304]8
Plexcide P5	0.96	38	304]8
Plexslick 957	1,11	264	2,445]g
Plexsurf 580 ME	0.95	91	721	g
Plexsurf 580 ME	0.95	91	721]g
Plexsurf 580 ME	0.95	91	721]g
Plexsurf 580 ME	0.95	91	721] <u>g</u>
Plexsurf 580 ME	0.95	91	721]g
Clayplex 650	1.15	363	3,484]g
Plexgel Breaker XPA	1.03	70	602	٦g
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•	1			٦g
				٦g
				1g
				18
				lg
				18
			Total Slurry Mass (Lbs) 3,551,179]

. Ingredients Section:

TradeNamo	Supplier	Енгроко	Ingradients	Citanian Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (Polymass)	Massper Component((LBS))	Maximum Ingredient Concentration in HP (Pluid) (% by mass)	
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,360,932	94.64272%	
Sand	Superior Silica Sand	Proppani	Crystalline Silica in the form of quartz	14808-60-7	100.00%	179,500	5.05466%	
Plexcide P5	Chemplex	Biocide	Tributyl Tetradecyl Phosphonium Chloride	81741-28-8 .	1.00%	3	0.00009%	
Plexcide P5	Chemplex	Biocide	Methanol	67-56-1	20.00%	. 61	0.00171%	
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	611	0.01722%	
Plexsurf 580 ME	Chemplex	Surfactant	Diathanolamone	111-42-2	1.00%	7	0.00020%	
Plexsurf 580 ME	Chemplex	Surfactant	Ethylene glycol monobutyl ether	111-76-2	1.00%	7	0.00020%	
Plexsurf 580 ME	Chemplex	Surfactant	Methanol	67-56-1	40.00%	289	0.00813%	
Plexsurf 580 ME	Chemplex	Surfactant	Oleamide Dielhanolamide	61790-66-7	2.00%	. 14	0.00041%	
Plexsurf 580 ME	Chemplex	Surfactant	D-limonene *	5989-27-5	1.00%	7	0.00020%	
Clayplex 650	Chemplex	Prevents Clay Swelling	Calcium Chloride	10043-52-4	1.00%	35	0.00098%	
Plexgel Breaker XPA	Chemplex	Breaks back treating fluid	Hydrogen Peroxide	7722-84-1	8.00%	48	0.00136%	
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