KOLAR Document ID: 1463943

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:	SecTwpS. R East West
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
☐ CM (Coal Bed Methane)☐ Cathodic☐ Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR	·
GSW	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 III Approved by: Date:				

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Page Two

Operator Name: _				Lease Name:			_ Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	ogs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taken Yes (Attach Additional Sheets)			Yes No		-	on (Top), Depth a	Sample	
Samples Sent to Geological Survey			Yes No	Na	Name		Тор	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No					
		R			New Used	ion, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	<u> </u>	I	ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	1		
Purpose:		epth T	pe of Cement	# Sacks Used				
Protect Casi								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 and ip question 3) out Page Three	,
Date of first Production:	ion/Injection or Re	esumed Production	/ Producing Meth	od:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours Oil Bbls.			· .		Bbls. Gas-Oil Ratio		Gravity	
DISPOS	SITION OF GAS:		M	METHOD OF COMP	LETION:		PRODUCTIO Top	ON INTERVAL: Bottom
	Sold Used	on Lease	Open Hole	_		mmingled mit ACO-4)	тор	Bottom
,	,		D : 1	D.I. DI	A		0	
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cei (Amount and Kind	menting Squeeze d of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				

Form	ACO1 - Well Completion
Operator	McCoy Petroleum Corporation
Well Name	CORBIN-REXFORD 'A' 1-5
Doc ID	1463943

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	24	1831	Pozmix / Class A	880	6% Gel, 3%CC, 1/4#Floce le/sx / 3%CC, 1/4#Floce le/sx
Production	7.875	4.5	10.5	2657	ASC	150	10%Salt, 2%Gel, 5#Gils.

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 346-337-6211 http://kcc.ks.gov/

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner

November 12, 2019

Scott Hampel McCoy Petroleum Corporation 8080 E CENTRAL STE 300 WICHITA, KS 67206-2366

Re: ACO-1 API 15-119-21347-00-00 CORBIN-REXFORD 'A' 1-5 SW/4 Sec.05-30S-30W Meade County, Kansas

Dear Scott Hampel:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/4/2019 and the ACO-1 was received on November 12, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department