KOLAR Document ID: 1493313

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: State: Zip:+ | 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 Workover/Re-entry: Old Well Info as follows: | If yes, show depth set: Feet |
| • | If Alternate II completion, cement circulated from: |
| Operator: | • |
| 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 Permit #: | · |
| GSW Permit #: | Operator Name: |
| | Lease Name: License #: |
| Spud Date or Date Reached TD Completion Date or | Quarter Sec. Twp. S. 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 Nam | ne: | | | Well #: | |
|---|------------------|----------------------|-------------|------------------------------|-----------------------|----------------------|----------------------------|-----------------------|--|--|
| Sec Tw | pS | S. R | Eas | st West | County: | | | | | |
| | l, flowing an | d shut-in press | sures, wh | ether shut-in pre | ssure reached | static | level, hydrostat | ic pressures, bo | | val tested, time tool erature, fluid recovery, |
| Final Radioactivi files must be sub | | | | | | | s must be emai | led to kcc-well-l | ogs@kcc.ks.gov | v. Digital electronic log |
| Drill Stem Tests (Attach Addit | | 1 | | Yes No | | Lo | g Formation | n (Top), Depth a | | Sample |
| Samples Sent to Geological Survey | | | | Yes No | | Name | | | Тор | Datum |
| Cores Taken Electric Log Run Geologist Report List All E. Logs F | t / Mud Logs | s | | Yes No Yes No Yes No | | | | | | |
| | | | Rep | CASING | RECORD [| New e, interr | | on, etc. | | |
| Purpose of St | tring | Size Hole Drilled | | Size Casing let (In O.D.) | Weight Lbs. / Ft. | | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | ADDITIONAL | CEMENTING / | SQUE | EZE RECORD | | | |
| Purpose: Depth Top Bottom | | | Тур | pe of Cement | # Sacks Use | ed | Type and Percent Additives | | | |
| Perforate Protect Ca Plug Back | | | | | | | | | | |
| Plug Off Z | | | | | | | | | | |
| Did you perform Does the volume Was the hydraul | e of the total I | base fluid of the | hydraulic f | fracturing treatment | | - | Yes s? Yes Yes | No (If No, s | kip questions 2 ar kip question 3) Il out Page Three | |
| Date of first Produ Injection: | iction/Injection | n or Resumed Pr | roduction/ | Producing Meth | od: | Пе | ias Lift O | ther <i>(Explain)</i> | | |
| Estimated Production Oil Bbls. Per 24 Hours | | | Gas Mcf V | | | | | Gas-Oil Ratio Grav | | |
| DISPO | OSITION OF | GAS: | | N | METHOD OF CO | MPLET | ION: | | | ON INTERVAL: |
| Vented | | Used on Lease | | Open Hole | | Oually C Submit A | | mingled nit ACO-4) | Тор | Bottom |
| , | ed, Submit AC | | | | | 1 | | | | |
| Shots Per Foot | Perforation Top | on Perfor Bott | | Bridge Plug Type | Bridge Plug Set At | | Acid, | | ementing Squeeze and of Material Used) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORI | D: S | ize: | Set At | : - | Packer At: | | | | | |

| Form | ACO1 - Well Completion | | | | | |
|-----------|-----------------------------|--|--|--|--|--|
| Operator | Mull Drilling Company, Inc. | | | | | |
| Well Name | REIFSCHNEIDER 1-28 | | | | | |
| Doc ID | 1493313 | | | | | |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | | Type and Percent Additives |
|----------------------|----------------------|-----------------------|--------|------------------|-------------------|-----|----------------------------------|
| Surface | 12.25 | 8.625 | 20 | 208 | Common | 155 | 3% cc, 2% gel |
| Production | 7.875 | 5.5 | 14 | 4578 | ASC | 115 | N/A |
| | | | | | | | |