KOLAR Document ID: 1529242

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 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.xxxxxx)				
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? Yes No				
	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 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	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to Geological Survey							Datum	
Cores Taken Yes No Electric Log Run Yes No Geologist Report / Mud Logs Yes No List All E. Logs Run:								
		R			New Used	on, 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
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used	red Type and Percent Additives			
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 an ip question 3) out Page Three (,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	Daystar Petroleum, Inc.
Well Name	JANSSEN A 5
Doc ID	1529242

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	224	60/40 Poz	130	2% gel; 3% cc
Production	7.875	4.5	9.5	3262	60/40 Poz	115	18% salt
Liner	4	3	9	2889	65/35 Poz		6% gel; 1/2% friction red

Acid & Cement	Ĩ
Acid & Cement	

TREATMENT REPORT

Acid Stage No.

mpony Day					Type Treatment:	Amt	Type Fluid	Sand Size	-	uits of Sand
mpony Day	1/2020 P	6B	F.O. N		Blidown		iel			
							ial.			
" Harris & B	No. Janssen				i		iat			
			Field				iek			
- Ric	œ		State KS		Flush	BM /G	ist			
					Treated from		fl. to		No. ft.	0
ine: Skr	45°	Type & Wt.		Set atft.				h.	No. ft.	
antion:	F	- Type	Peri.		from_		ft. to	ft.	No. R.	0
metton:				to	Actual Valume of (DE / Water to Loi	d Hole:			861./6st
•			Perl.				***			-
metion: Sim	2ª Toma S			Sottom atft.	Pump Trucks.	No. Used: Std.			Tedo	
,,		- Performed &	9R		Auditory Equipme			327	_	
	* & Wt		Surveg at		Personnal Natha					,
	Perforated for	om	#. w		Auditory Tools					
					d Plugging or Seelin	g Motoriuls: T	ype			
en Hole Size		T.D.	k ?						s.	b
many Rad	presentative		Steve (В,	Treater		Ņ	rthan W.	·	···
3846	PREM	EUNES	Tatal Fluid Pumped				DAANS			
/	Tubling	Carlog								
5		3"		On Location.						
		<u> </u>								
				<u> </u>			 			
				Liner-2890'						
										
				Load hole and b	reak circula	tion with	water.			
					· · · · · · · · · · · · · · · · · · ·					
				Mix 250sks 65/3	35poz 6 %g e	1 .5% C-37	7			
				Wash out pump	and lines.					
			1	_						
				Displace with 5	able and de	culated ce	ment to sur	face. Clos	e in ann	ulus
				Inishiace with a	AND BUR CITY	LINGUEU VE	HEHL LO 304	1000, 0.00		
			 	and continue di						¥
				and continue di	splacement	at 1.5bpr)
					splacement	at 1.5bpr				*
				and continue di Release pressur	splacement	at 1.5bpr				*
				and continue di	splacement	at 1.5bpr				<u> </u>
				and continue di Release pressur Thank You!	splacement	at 1.5bpr				
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				and continue di Release pressur Thank You!	splacement	at 1.5bpr				

HELU ORDER N° C

50192

BOX 438 - HAYSVILLE, KANSAS 67060 '

Acid & Cement	316-624-1225	DATE 19-Mer 20 20
IS AUTHORIZED BY: Daystar Petroleum Address	(RAME OF CUSTOMER) City	State
TO TREAT WELL AS FOLLOWS Lease Janesen	Well No. A5	Customer Order No.
Sec. Twp. Range	County Rice	State KS

CONDITIONS: As a part of the consideration haves it is agreed that Capateral Acid is to service or frest at content all, the harefulation manifered wall and is not to be hald liable for any demands that may account an connection with hald service or freshners. Capateral Acid Service has made no representations have been reflect on, as to what may be the results or effect of the connecting or healing each wall. The connected and service or freshners in payable. There will be no discount allowed subsequent to dust date. Oh interest will be charged after 60 days. Total charges are subject to correction by our investing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to eigh this order for well counter or operator.

THIS ORDER MUST BE SIGNED

BEFORE WORK IS COMMENCED

		Well Chings of Countries	Age	
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
20.0002	40	Mileege P.T.	\$4.00	\$160.0
20.0004	1	Pump Charge Squeeze	\$950.00	\$950.0
20.1003	250	65/35 Poz 2% Gel	\$11.50	\$2,875.0
20.1004	14	Add. Gel after 2% Per Sack	\$22.00	\$308.0
20.101	100	C-37 per lb. Friction Reducer	\$4.00	\$400.0
20.2014	1	Butt Weld Float Shoe	\$285.00	\$285.0
20.2023	1	3 1/2" Rubber Plug	\$65.00	\$65.0
				
				
				
20.0011	266	Bulk Charge	\$1.25	\$332.50
20.0012	470	Bulk Truck Miles	\$1.10	\$517.00
		Process License Fee on Gallons		70.1.00
		TOTAL BILLING		\$5,892.50

I certify that the above material has been accepted and used; that the above service was performed in a good and working like manner under the direction, supervision and control of the owner, operator or his agent, whose

Copeland	Representative	Nethan W.	or or the agent, whose t	ignature appears below. 95005.63
Station	GB		Steve B.	
Remarks			W	all Owner, Operator or Agent