KOLAR Document ID: 1575093

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:				Sec Twp	S. R	East _ West	
Address 2:		Feet from	North / Sc	outh Line of Section			
City: S	State: Zip	:+	Feet from _ East / _ West Line of Section				
Contact Person:			Footages Calculated	from Nearest Outs	side Section Cor	ner:	
Phone: ()			□ NE 〔	□NW □SE	\square sw		
CONTRACTOR: License #			GPS Location: Lat:		, Long:		
Name:				(e.g. xx.xxxxx)	¬	(e.gxxx.xxxxx)	
Wellsite Geologist:			Datum: NAD27				
Purchaser:			County:				
Designate Type of Completion:			Lease Name:		Well	#:	
New Well Re	e-Entry	Workover	Field Name:				
	SWD		Producing Formation				
☐ Gas ☐ DH	☐ EOR		Elevation: Ground: Kelly Bushing:				
			Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	_		Amount of Surface P	ipe Set and Cemer	nted at:	Feet	
Cathodic Other (Cor	Multiple Stage Cementing Collar Used? Yes No						
If Workover/Re-entry: Old Well In	nfo as follows:		If yes, show depth se	et:		Feet	
Operator:			If Alternate II comple	tion, cement circul	ated from:		
Well Name:			feet depth to:	W	ı/	sx cmt.	
Original Comp. Date:	Original To	tal Depth:					
☐ Deepening ☐ Re-perf. ☐ Plug Back ☐ Liner	Conv. to GS		Drilling Fluid Manag	•	it)		
Commingled	Dormit #:		Chloride content:	ppm	Fluid volume: _	bbls	
Dual Completion			Dewatering method u	used:			
SWD			Location of fluid disp	osal if hauled offsit	te:		
EOR							
☐ GSW			Operator Name:				
			Lease Name:				
Spud Date or Date Re	ached TD	Completion Date or	Quarter Sec.	Twp	S. R	East West	
Recompletion Date		Recompletion Date	County:	Pern	nit #:		

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:								

KOLAR Document ID: 1575093

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit	es No		Log Formation (Top), Depth and Datum			n and Datum	Sample			
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Size Casing Set (In O.D.)		Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate		Type of Cement		# Jacks Used		Type and Percent Additives				
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth	nod:		Coolift 0	thor (Fundain)		
Estimated Production Oil Bb		le.			ng Gas Lift Other (Explain Water Bbls.		ther (Explain)	Gas-Oil Ratio	Gravity	
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:							N INTERVAL:			
☐ Vented ☐ Sold ☐ Used on Lease						nmingled	Тор	Bottom		
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Bridge Plug Type Set At			Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Scout Energy Management LLC
Well Name	HALL ALLEN 3-1R
Doc ID	1575093

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	_	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	631	LT PREM+	375	NA
Production	7.875	5.5	15.5	3277	LT PREM+	530	NA