KOLAR Document ID: 1578232

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.xxxxxx) (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)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
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)
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 #:	Location of haid disposal in hadica offsite.
GSW Permit #:	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	st West	County:				
	lowing 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	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casii								
Plug Off Zon								
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	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:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	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:				
. 5513   1200  10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Mustang Energy Corporation
Well Name	PYWELL 3-6
Doc ID	1578232

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	.25	.625	23	244	common		50/50 poz w/6% gel
Production	.875	5.5	15.5	3847	common	180	10%salt 5%gilsonit e

## LWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Cell 785-324-1041

Phone 785-483-1071 Home Office P.O. Box 32 Russell, KS 67665

No. 2236

Sec.	Twp. Range		County	State	On Location	Finish
Date 9/19/2/ 6	10 13	Roo	Ks	Kansas	ng bulk cement, are	10:00ar
of interest that "DUSTOMER" may	visi o lo singe is s distri <del>umbant od pa</del>	Location	on Zur		ices, "CUSTOMER" acien is so event ab	Ovini Auto Issaq 98 Annt anti nothuste
Lease Lywell	Well No. 3-6	6	Owner	any such interest shou	1) wet ekteologis tel	agree to pay unc
Contractor STP Drilling	man lagal contract fall	notam en Liberalis	To Quality C	Dilwell Cementing, Inc. eby requested to rent of	rementing aguinment	and furnish
Type Job Long string	se that KANSAS law	nga FIBM	cementer ar	nd helper to assist own	er or contractor to do	work as listed.
Hole Size 7 1/8	T.D. 3850		Charge C	Mustang Ev	1 erov	Kamunoo sirii rifiw
Csg. 51/2	Depth 3847	Tre ed i	Street	Contract, the prevail	and to fine tent of the	inished vsw vns
Tbg. Size	Depth		City	.84	State	mus side rossen
Tool port calfor	Depth	isie is si	The above wa	as done to satisfaction an	d supervision of owner	agent or contractor.
Cement Left in Csg. 21.25	Shoe Joint 21.2				com 10% salt	
Meas Line	Displace 91		50	Ogal mud CI	60	7,1700
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Bulktrk 15 No. Driver Toux	I Suo DO FISMOTOU	<del>IO bus b</del>	Gel.	a job and/or merchan	TON CHARGES: 4	AATBRT -
Bulktrk PU No. Driver Dau	id		Calcium	DAUD VSG NW FISH	nar material, CUS II	O REPOSITION SOL
JOB SERVICES 8	& REMARKS		Hulls	eh way for each servi	se bagrado ed lilw x	and soing thempo
Remarks:	bility and property dam	of order	Salt /5	LIAMENT GUA	OVA SNOFRONOU	3.4VH30 -
Rat Hole 30 sks	rchandise. Customer s		Flowseal	dof and to construction	a enti mod polishe e	so trock traces for Irose or chema
Mouse Hole	ns you lenings bos mo		Kol-Seal	00 #	AUD esolation blon	nity, detend, and
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# QUALITY O WELL CEMEN ING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-1071 Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2268

Date (211-2)	c. Twp. Range	County	State	On Location	Finish		
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