KOLAR Document ID: 1586681

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.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 if hadica offsite.				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R				
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:					
	, flowing an	d shut-in pres	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							gs must be emai	led to kcc-well-l	ogs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests (Attach Addit		1		Yes No		Lo		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 Log	s		Yes No Yes No Yes No						
			Rej	CASING	RECORD [Nev		on, etc.		
Purpose of St	ring	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	EEZE RECORD		'	
Purpose: Perforate		Depth Top Bottom	Type of Cement # Sac			sed Type and Percent Additives				
Protect Ca										
Plug Off Z										
Did you perform Does the volume Was the hydraul	e of the total	base fluid of the	hydraulic	fracturing treatment		-	Yes yes Yes	No (If No, s	kip questions 2 ar kip question 3) Il out Page Three	
Date of first Produ Injection:	ction/Injectio	n or Resumed Pi	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>		
Estimated Product Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COL					COMPLETION: PRODUCTION INTERVAL: Top Bottom					
Vented	Sold	Used on Lease		Open Hole	_	Dually (Submit A		nmingled nit ACO-4)	ТОР	BOLLOTTI
,	· I									
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	size:	Set A	: -	Packer At:					

Form	ACO1 - Well Completion
Operator	Cross Bar Energy, LLC
Well Name	BURKETT A AW-8
Doc ID	1586681

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	''	Number of Sacks Used	Type and Percent Additives
Surface	8.625	8	22	202	common	120	none
Production	4.50	3.50	7.7	2222	common	125	none
Liner	2.5	2.375	3.6	1953	60/40 poz mix	125	25# C- Sperse

SERVICE TICKET

W

UNITED CEMENTING & ACID CO., INC.

Nº 2635

90X 712	EL DORA	DO, KARSAS 67042	PHONE AC 316-321-4680
DATE 2	-16-96	COUNTY - ALL	
CHG. TO:	track D. Shin and hust	ADDRESS	
CITY		STATE	ZIP
LEASE & WEI	INO. Busket # AWS	2 SECT	WP RNG
CONTRACTO)R	TIME ON LOCATION	20m
KIND OF JOB	Cometing 15	00)
SERVICE CH			593.56
QUANTITY	MATERIAL USED		
125	Sal 60-40 Dadonis	@ 4.1	512,50
3	Sal "Yel"	@ 81	5 24.75
25	165 C-Spase	@ 2506	Cerks 62,50
118	BULK CHARGE SA	9 .8:	
22	BULK TRK. MILES (6.25 tens X.6	OX 22 miles	82,50
	PUMP TRK, MILES		
1.03	PLUGS top Rubber Oh	9	1000
18	SALES TAX	g () (9)	95 111
	TOTAL		1100 01
	I o i a		//7 5%
T. D		CSG. SET AT	YVOLUME
SIZE HOLE		TBG SET AT	VOLUME
MAX. PRESS		SIZE PIPE 24	
PLUG DEPTH		PKER DEPTH	
PLUG USED	Buller	TIME FINISHED	<u>23</u>
REMARKS:	60-40 Donki k	60 PSI	04
79	10	200 731	
3/1	3 6 0		
78			
		ENT USED	
NAME	Ch & UNIT NO.	NAME	UNIT NO.
ئ.		- Januar	
	CEMENTER OF TREATER	OWA	VER'S REP.
	and the state of t	The second secon	