KOLAR Document ID: 1598657

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: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	·
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR ☐ OG ☐ GSW	Producing Formation: Kelly Bushing: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
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 □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (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 Recompletion Date	Quarter Sec. TwpS. R East West 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 III Approved by: Date:						

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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 Taken Yes (Attach Additional Sheets)				es No	☐ No ☐ Log Formation (Top), Depth			n and Datum	Sample		
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No	☐ No Nam				Тор	Datum	
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			Y€ Y€	es No							
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.			
Purpose of St		Size Hole Drilled		e Casing (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 Protect Casing Plug Back TD			Type of Cement		# Sacks Useu		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			Coolift 0	thor (Fundain)			
Estimated Production Oil Bbls.					Pumping Mcf			ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity	
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity	
DISPOSITION OF GAS:				N	METHOD OF COMPLETION:			ION: PRODUCTION INTERVAL:			
Vented Sold Used on Lease			Open Hole Per			Perf. Dually Comp. (Submit ACO-5)		_ 0		Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	nit ACO-4)			
Shots Per Foot	Perforation Top				Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				
TUBING RECOR	D: Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion					
Operator	Fossil Creek Energy, LLC					
Well Name	G MILLER 27-31					
Doc ID	1598657					

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	24	679	60/40 POZ	325	NA
Production	7.875	5.5	15.5	3225	common	185	NA