KOLAR Document ID: 1673375

Confidentiality Requested:					
Yes	No				

Purchaser: _

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 Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxx)
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)

Designate Type of Completion: New Well Re-Entry

Wellsite Geologist:

Oil	WSW	SWD	
Gas	DH	EOR	
OG		GSW	
CM (Coal	Bed Methane)		
Cathodic	Other (C	ore, Expl., etc.):	

If Workover/Re-entry: Old Well Info as follows:

Operator:	
Well Name:	

Original Comp. Date:	Original Total Depth:				
Deepening Re-perf.	Conv. to EOR Conv. to SWD				
Plug Back Liner	Conv. to GSW Conv. to Producer				
Commingled	Permit #:				
Dual Completion	Permit #:				
SWD	Permit #:				
EOR	Permit #:				
GSW	Permit #:				

Workover

Spud Date or **Recompletion Date**

Date Reached TD	Completion Date or
	Recompletion Date

County:	
Lease Name:	Well #:
Field Name:	
Producing Formation:	
Elevation: Ground: Kelly Bushi	ng:
Total Vertical Depth: Plug Back Tota	I Depth:
Amount of Surface Pipe Set and Cemented at:	Feet
Multiple Stage Cementing Collar Used?	No
If yes, show depth set:	Feet
If Alternate II completion, cement circulated from:	
feet depth to:w/	sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: ppm	Fluid volume:	_ bbls
Dewatering method used:		
Location of fluid disposal if hauled offsi	te:	
Operator Name:		
Lease Name:	_ License #:	

Quarter	Sec	Twp	S. F	٦	East West
County:		Perr	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: 1673375

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sh			Log Formation (Top), Depth and Datum			Sample			
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	Type of Cement #		# Sacks Used		Type and Percent Additives		
Protect Casing Plug Back TD Plug Off Zone									
2. Does the volume of the	1. Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1)								
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf Water Bbls. Gas-Oil Ratio Grav			Gravity		
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn			·	nit ACO-4)	юр	Bollom			
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	J-V Oil, LLC
Well Name	CAMPBELL NORTH 18
Doc ID	1673375

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	7	15	40	port	10	0
Production	5.875	2.875	7	1029	port	165	0