KOLAR Document ID: 1676506

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 / W	est 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:_	I	Kelly Bushing:		
OG	GSW		Total Vertical Depth:	Plu	g Back Total Dep	th:	
CM (Coal Bed Methane)	_		Amount of Surface P	ipe Set and Cemer	nted at:	Feet	
Cathodic Other (Core, Expl., etc.):			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 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		Log Formation (Top), Depth and				
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	# Sacks Used Type and Percent Additives				
Protect Casii									
Plug Off Zon									
 Did you perform a Does the volume o Was the hydraulic 	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 Oil Bbls. Per 24 Hours						Gas-Oil Ratio	Gravity		
DISPOSITION OF GAS: METHOD OF CO				METHOD OF COMP	LETION:			ON INTERVAL:	
☐ Vented ☐ Sold ☐ Used on Lease ☐ C			Open Hole			mmingled mit ACO-4)	Тор	Bottom	
,	,								
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:					
. 5213 12.00 10.	5120.		···	. 30.0.71					

Form	ACO1 - Well Completion
Operator	Daystar Petroleum, Inc.
Well Name	PORTER A 1
Doc ID	1676506

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	32	212	60/40 POZ	130	2% gel
Production	7.875	4.5	10.5	3240	60/40 POZ	125	16% salt