#### KOLAR Document ID: 1680334

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	- DESCRIP	WEII &	IFASE
	INSIONI		$\mathbf{W} \mathbf{L} \mathbf{L} \mathbf{L} \boldsymbol{\alpha}$	LLASL

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:				
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation: Ground: Kelly Bushing:				
	Total Vertical Depth: Plug Back Total Depth:				
	Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane) 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				
·	If Alternate II completion, cement circulated from:				
Operator:					
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 #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or         Date Reached TD         Completion Date or	Quarter Sec Twp S. 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 III Approved by: Date:						

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Operator Name:				Lease Name:	_ Well #:
Sec	Twp	S. 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			Yes	] No			Log Formation (Top), Dep			n and Datum	Sample	
(Attach Additional Sheets) Samples Sent to Geological Survey			<i>(</i>	1		Nan	ne			Тор	Datum	
Cores Taken Electric Log Run Geologist Report / M List All E. Logs Run:	Mud Logs	rvey		Yes Yes Yes	] No ] No ] No ] No							
CASING RECORD Used Report all strings set-conductor, surface, intermediate, production, etc.												
Purpose of String		ze Hole Drilled	S	ize Casing et (In O.D.	]	Wei	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Purpose:		Depth	Tur			_ CEMENTI # Sacks	NG / SQUEEZE RECORD		Tupo or	nd Percent Additives		
Perforate	Тор	Bottom	τyp	Type of Cement		# 54068	oseu			Type at	iu Fercent Additives	
Protect Casing Plug Back TD Plug Off Zone												
<ol> <li>Did you perform a h</li> <li>Does the volume of</li> <li>Was the hydraulic fr</li> <li>Date of first Production Injection:</li> </ol>	the total base	e fluid of the h	ydraulic f ion subm	racturing t itted to the Produce		cal disclosure	e registry		☐ Yes ☐ Yes ☐ Yes ft ☐ O	No (If No	, skip questions 2 ar , skip question 3) , fill out Page Three	
Estimated Production Per 24 Hours	I	Oil B	Bbls.	Gas Mcf			Water Bbls. Gas-Oil Ratio			Gravity		
DISPOSIT	TION OF GAS	5:			METHOD OF			COMPLETION:			PRODUCTION INTERVAL: Top Bottom	
Vented Sold Used on Lease (If vented, Submit ACO-18.)			Open Hole Perf.		Uually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•					
Shots Per         Perforation         Perforation           Foot         Top         Bottom					Bridge Plu Set At			Acid,		Cementing Squeeze Kind of Material Used)		
TUBING RECORD:	Size:		Set At	:		Packer At:						

Form	ACO1 - Well Completion
Operator	RedBud Oil & Gas Operating, LLC
Well Name	MAHAFFEY SWD 13-36
Doc ID	1680334

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	8.625	24	21	Class A		Type 1 Cement
Production	6.75	5.5	10.5	1390	60/40 Pozmix	230	w/4% gel