KOLAR Document ID: 1683468

Confident	tiality Re	equested:
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 -		WELL &	IEASE
VV ĽLL		DESCRIP	WELL Q	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:
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:
OilWSWSWD GasDHEOR	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?
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #: EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West
Recompletion Date Reached TD Recompletion Date of 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 Nam	ne:			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).

	lien		,				og Formatia	n (Tan) Danth a	nd Datum	
Drill Stem Tests Taken (Attach Additional Sheets)			Yes No			-	n (Top), Depth a		Sample	
Samples Sent to C	Geological S	Survey		Yes 🗌 No		Nam	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	-			Yes No Yes No Yes No						
			Rep	CASING port all strings set-c		Ne e, inte		on, etc.		
Purpose of Strir	ng	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING	SQL	JEEZE RECORD			
lop Bottom		Тур	Type of Cement # Sacks		ed		Type and Percent Additives			
Perforate Protect Casi Plug Back T	D									
Plug Off Zor	ne									
 Did you perform a Does the volume Was the hydraulic 	of the total b	ase fluid of the h	ydraulic f	racturing treatment		-		No (If No, s	kip questions 2 ar kip question 3) I out Page Three	
Date of first Product Injection:	ion/Injection	or Resumed Pro	oduction/	Producing Meth	od:		Gas Lift 🗌 O	ther (Explain)		
Estimated Production Per 24 Hours	on	Oil I	3bls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity				Gravity
DISPOS	SITION OF G	AS:		N	IETHOD OF CO	OF COMPLETION: PRODUCTION INTERVAL: Top Bottom				DN INTERVAL: Bottom
Vented Sold Used on Lease Ope		Open Hole Perf.		Dually Comp Commingled (Submit ACO-5) (Submit ACO-4)						
Shots Per Perforation Bridge Plug Bridge Plug Acid, Fracture, Shot, Cementing Squeeze Record						Becord				
Foot	Тор	Botto		Туре	Set At (Amount and Kind of Mate					
TUBING RECORD:	: Siz	20:	Set At		Packer At:					

Form	ACO1 - Well Completion
Operator	RedBud Oil & Gas Operating, LLC
Well Name	MILLS SWD 15-15
Doc ID	1683468

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11	8.625	24	43	Class A	45	Type 1 2%calc 2%gel
Production	6.75	5.5	10.5	1902	60/40 Pozmix	320	4%gel 5#Kol Seal 2%caclz