KOLAR Document ID: 1735324

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

| | OIL & CAS CONSERVATION DIVISION |
|--------------|---------------------------------------|
| CONFIDENTIAL | WELL COMPLETION FORM |
| WELLI | HISTORY - DESCRIPTION OF WELL & LEASE |

| OPERATOR: License # | | | API No.: | | | | | | |
|---|-------------------|--|---|--|------------------------------|--|--|-----------------------|------------------------|
| Name: | | | Spot Description: | | | | | | |
| Address 1: | | | | | | | | | |
| Address 2: | | | Feet from North / South Line of Section | | | | | | |
| City: State: Zip:+ | | | Feet from East / West Line of Section | | | | | | |
| Contact Person: | ontact Person: | | | Footages Calculated from Nearest Outside Section Corner: | | | | | |
| Phone: () | | | | | | | | | |
| CONTRACTOR: License # | | GPS Location: Lat:, Long: | | | | | | | |
| Name: | | | | (e.g. xx.xxxxx) (e.gxxx.xxxxx) | | | | | |
| Wellsite Geologist: | | | Datum: NAD27 NAD83 WGS84 | | | | | | |
| Purchaser: | | | County: | | | | | | |
| Designate Type of Completion: | | Lease Name: | Well #: | | | | | | |
| New Well Re-Entry Workover Oil WSW SWD | | Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: | | | | | | | |
| | | | | | ☐ Gas ☐ DH ☐ OG | | | Total Vertical Depth: | Plug Back Total Depth: |
| | | | | | OG GSW CM (Coal Bed Methane) | | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet | | |
| Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: | | | | | | | | | |
| | | | - | operator: | | | | | |
| Well Name: | | | | w/sx cmt. | | | | | |
| Original Comp. Date: | Original T | atal Dopth: | | 0x 0x 0 | | | | | |
| Deepening Re-perf. | Conv. to E | | | . 51 | | | | | |
| Plug Back | | SW Conv. to Producer | Drilling Fluid Manageme (Data must be collected from t | | | | | | |
| | | | Oblavida contanti | non Ehideelen e | | | | | |
| Commingled Permit #: | | Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: | | | | | | | |
| | | | | EOR | Permit #: | | Operator Name: | | |
| | | | | GSW | Permit #: | | | License #: | |
| | | | | TwpS. R East West | | | | | |
| Spud Date or Date Rea | ached TD | Completion Date or | | | | | | | |
| Recompletion Date | Recompletion Date | | 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: | | |