

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, 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 #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes 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 offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Job Reason	WORK OVER		NEW WELL	NO
DATE	Tuesday, February 6, 24		OLD WELL	YES
STATE	KS	TAX	7.50%	PER DIEM
COUNTY	MEADE			


RIG NO.	8	COMPANY	HUNTINGTON ENERGY		WELL NAME	ADAMS TRUST # 1	
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MOVED THE RIG TO LOC. SPOTTED THE RIG IN & RIGGED UP. UNHUNG THE WELL, UNSEATED THE PUMP W/ NO VAC ON THE TBG, MAYBE PARFFIN. TOHW RODS, 1.25*22 PR W/ 1.5*10 LINER * 2,2,4,6,8,-7/8 SUB * 53-7/8 {{ LAYED DWN 4 }} * 144-3/4 {{ LAYED DWN 11 }} * 8-7/8 * 2*1.5*16 PUMP W/ 8 FT GA. THERE WAS A LOT PARFFIN. RIGGED FOR TBG, RELEASED THE TAC & NIPPLED BOP. RIGGED THE HOT OILER, PUMPED DWN THE TBG W/ 7 GAL PARFFIN SOLVENT W/ 70 BBLs HOT WTR TO CLEAN THE PARFFIN. RIGGED THE TBG SWB & MADE 2 SWB RUNS OFF THE SN, THE TBG WAS CLEAN FROM THE PARFFIN. SWIFN. DCH.

SECTION			
PERFS			
CSG	TD		
Rig Rate	\$300.00	4	MAN ON CREW
SWAB CUPS	2 3/8	WIRE	1
SWAB CUPS			
OIL SAVER RUBBER	1		

RODS PULLED	LINER	TOTAL FT	RODS RUN	LINER	TOTAL FT	TBG TONGS	ROD BOP PER JOB
POLISH ROD 1.25*22	1.5*10	22	POLISH ROD			ROD TONGS	ALUM PAINT TBG LEAKS
SUBS 2,2,4,6,8	7/8	22	SUBS			DOPE	MUD ANCHORS
RODS 53	7/8	1325	RODS			TBG WIPERS	J.S EQM
RODS 144	3/4	3500	RODS			ROD WIPERS 1	BASE BEAM
RODS			RODS			ROD FISHING TOOL	ACID SWB CHARGE
RODS 8	7/8	200	RODS			TBG SEALS	
SUBS			SUBS			SAND PUMP PER JOB	
PUMP-SIZE 2*1.5*16		16	PUMP-SIZE			STANDING VALUE	
ANCHOR 8 FT GA	BTM PUMP	5185	ANCHOR	BTM PUMP	0	PARAFFIN KNIVES	
						ARB BRUSH	

TUBING PULLED	TUBING RUN	RIG	TRAVEL TIME
SUBS	SUBS	8	1
TBG	TBG		
		RIG HOURS	
		OPERATOR	MIGUEL
		D.MAN	***
TA	TA	FLOOR HAND	***
TBG	TBG	FLOOR HAND	
SN	SN		
		CO. REP	BILL DYSART
Mud Anchor	Mud Anchor		

		Job Reason	WORK OVER		NEW WELL	NO	
		DATE	Wednesday, February 7, 24		OLD WELL	YES	
		STATE	KS	TAX	7.50%		
		COUNTY	MEADE	PER.DIEM			

RIG NO.	8	COMPANY	HUNTINGTON ENERGY	WELL NAME	ADAMS TRUST # 1
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DROVE CREW TO LOC. PREPARED FOR TBG. TOHW 157 JTS * TAC 5066 * 4 JT * SN 5192 * PERF SUB 5196 * MA 2 7/8 @ 5211. {{ LAYED DWN 16 JTS 2 3/8 }} RIGGED THE WIRELINE TRUCK. SET CIBP 5100 W/ 2 SX CEMENT. PERF THE KC @ 4738-41. RIGGED FOR TBG. TIHW 1 JT TAIL PIPE @ 4744 * PKR 4712 * SN 4707 * 146 JTS 2 3/8 TBG. SET THE PKR. RIGGED TBG SWB FL 4200, SWB THE WELL DRY 2 RUNS. RIGGED FOR ACID, PUMPED DWN THE TBG W/ 300 GALS 15% ACID 5 BBLS FLUSH. RIGGED THE TBG SWB TO CHECK FL ONLY @ 1500. WAITED FOR 20 MIN & CHECKED AGAIN @ 1500. RIGGED THE ACID TRUCK LOADED THE TBG W/ 5 MORE BBLS, PSI TO 2500 BROKE, TBG ON VAC. SWIFN. DCH.

SECTION	
PERFS	KC 4738-41
CSG	4.5
Rig Rate	\$300.00
SWAB CUPS	2 3/8
SWAB CUPS OIL SAVER RUBBER	1
TD	CIBP 5100
MAN ON CREW	4
WIRE	1

RODS PULLED	LINER	TOTAL FT	RODS RUN	LINER	TOTAL FT	TBG TONGS	ROD ROP PER JOB
POLISH ROD 1.25*22	1.5*10	22	POLISH ROD			ROD TONGS	ALUM PAINT TBG LEAKS
SUBS 2,2,4,6,8	7/8	22	SUBS			DOPE 1	MUD ANCHORS
RODS 53	7/8	1325	RODS			TBG WIPERS 1	J.S. ERM
RODS 144	3/4	3600	RODS			ROD WIPERS	BASE BEAM
RODS			RODS			ROD FISHING TOOL	ACID SWB CHARGE
RODS 8	7/8	200	RODS			TBG SEALS	
SUBS			SUBS			SAND PUMP PER JOB	
PUMP-SIZE 2*1.5*16		16	PUMP-SIZE			STANDING VALUE	
ANCHOR 8 FT GA	BTM PUMP	5185	ANCHOR	BTM PUMP	0	PARAFFIN KNIFE	
						CRG BRUSH	

TUBING PULLED	TUBING RUN	RIG HOURS	TRAVEL TIME
SUBS	SUBS	10.5	2
TBG 157	TBG	OPERATOR MIGUEL	
		D.MAN ***	
TA 5088	TA	FLOOR HAND ***	
TBG 4	TBG	FLOOR HAND	
SN 5192	SN		
PERF SUB 5196		CO. REP	BILL DYSART
2 7/8 MA 5211	Mud Anchor		



Job Reason	WORK OVER		NEW WELL	NO
DATE	Thursday, February 8, 24		OLD WELL	YES
STATE	KS	TAX	7.50%	PER DIEM
COUNTY	MEADE			


RIG NO.	8	COMPANY	HUNTINGTON ENERGY		WELL NAME	ADAMS TRUST # 1	
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DROVE CREW TO LOC. TBG VAC. RIGGED THE TBG SWB FL @ 2500 ALL WTR FIRST RUN. SWB THE WELL FOR 6 HRS REC 26 BBLs ALL WTR. FL 4650 ONLY REC MAYBE .5 BBLs PER HR THE LAST 3 HRS, THE WELL WAS DRY. RIGGED FOR TBG. RELEASED THE PKR, TOHW 146 JT * SN W/ PKR & 1 JT TAILPIPE. TIHW SN * 146 JTS 2 3/8 W/ SN 4707. NIPPLED DOWN THE BOP & FLANGED UP TBG HEAD. PREPARED FOR RODS. SDFN. DCH.

SECTION			
PERFS	KC 4738-41		
CSG	4.5	TD	CIBP 5100
Rig Rate	\$300.00	4	MAN ON CREW
SWAB CUPS	2 3/8	WIRE	3
SWAB CUPS			
OIL SAVER			
RUBBER	1		

RODS PULLED	LINER	TOTAL FT	RODS RUN	LINER	TOTAL FT	TBG TONGS	ROD BOP PER JOB
POLISH ROD 1.25*22	1.5*10	22	POLISH ROD			ROD TONGS	ALUM PAINT TRO LEAKS
SUBS 2,2,4,6,8	7/8	22	SUBS			DOPE 1	MUD ANCHORS
RODS 53	7/8	1325	RODS			TBG WIPERS 1	3.8 EQM
RODS 144	3/4	3600	RODS			ROD WIPERS	BASE BEAM
RODS			RODS			ROD FISHING TOOL	ACID SWB CHARGE
RODS 8	7/8	200	RODS			TBG SEALS	
SUBS			SUBS			SAND PUMP PER JOB	
PUMP-SIZE 2*1.5*16		16	PUMP-SIZE			STANDING VALUE	
ANCHOR 8 FT GA	BTM PUMP	5185	ANCHOR	BTM PUMP	0	PARAFFIN KNIFE	
						SEA BRUSH	

TUBING PULLED		TUBING RUN		RIG	TRAVEL TIME
SUBS		SUBS		RIG HOURS	10
TBG 157	2 3/8	TBG 146	2 3/8	OPERATOR	MIGUEL
				D.MAN	***
TA 5066		TA		FLOOR HAND	***
TBG 4	2 3/8	TBG		FLOOR HAND	
	TOTAL JTS 161				
SN 5192		SN 4707			
PERF SUB 5196				CO. REP	BILL DYSART
2 7/8 MA 5211		Mud Anchor			

		Job Reason	WORK OVER		<input type="checkbox"/> NEW WELL <input type="checkbox"/> OLD WELL
		DATE	Friday, February 9, 24		NO
STATE	KS	TAX	7.50%		YES
COUNTY	MEADE	PER DIEM			

RIG NO.	8	COMPANY	HUNTINGTON ENERGY	WELL NAME	ADAMS TRUST # 1
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DROVE CREW TO LOC. CSG 100 & TBG 100 PSI. BLW THE WELL DWN & PREPARED FOR RODS. TIHW 2 3/8 NO-GO ON THE BTM OF THE RODS * 7-7/8 * 133-3/4 * 46-7/8 * 1.25*22 PR W/ 1.5*10 LINER. CLAMPED THE WELL OFF & SWI. CLEANED LOC RIGGED DWN & MOVED THE RIG TO YARD.

SECTION	
PERFS	KC 4738-41
CSG	4.5
TD	CIBP 5100
Rig Rate	\$300.00
	4
SWAB CUPS	
SWAB CUPS	
OIL SAVER	
RUBBER	

RODS PULLED	LINER	TOTAL FT	RODS RUN	LINER	TOTAL FT	TBG TONGS	ROD BOP PER JOB
POLISH ROD 1.25*22	1.5*10	22	POLISH ROD 1.25*22	1.5*10	22	ROD TONGS	ALIGN PAINT TBG LEAKS
SUBS 2,2,4,6,8	7/8	22	SUBS NONE			DOPE	MUD ANCHORS
RODS 53	7/8	1325	RODS 46	7/8	1150	TBG WIPERS	3.5 EQM
RODS 144	3/4	3600	RODS 133	3/4	3325	ROD WIPERS	BASE BEAM
RODS			RODS 7	7/8	175	ROD FISHING TOOL	ACID SWB CHARGE
RODS 8	7/8	200	RODS			TBG SEALS	
SUBS			SUBS			SAND PUMP PER JOB	
PUMP-SIZE 2*1.5*16		16	PUMP-SIZE			STANDING VALUE	
ANCHOR 8 FT GA	BTM PUMP	5185	ANCHOR	BTM PUMP	4672	PARAFFIN KNIFE	
						CAO BRUSH	

TUBING PULLED		TUBING RUN		RIG	TRAVEL TIME
SUBS		SUBS		6	1
TBG 157	2 3/8	TBG 146	2 3/8	OPERATOR	MIGUEL
				D.MAN	***
TA 5066		TA		FLOOR HAND	***
TBG 4	TOTAL JTS 161	TBG		FLOOR HAND	
SN 5192		SN 4707			
PERF SUB 5196				CO. REP	BILL DYSART
2 7/8 MA 5211		Mud Anchor			



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1073791
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5225

Name: Quinque Operating Company

Address 1: 908 NW 71ST ST

Address 2: _____

City: OKLAHOMA CITY State: OK Zip: 73116 + 7402

Contact Person: 405-840-9876

Phone: (405) 840-9876

CONTRACTOR: License # 5929

Name: Duke Drilling Co., Inc.

Wellsite Geologist: N/A

Purchaser: Energy Financial and Physical, LP

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer

- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>11/26/2011</u>	<u>12/01/2011</u>	<u>1/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-119-21304-00-00

Spot Description: _____

SE SW Sec. 33 Twp. 34 S. R. 30 East West

660 Feet from North / South Line of Section

1980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: Meade

Lease Name: Adams Trust Well #: 1

Field Name: _____

Producing Formation: Marmaton

Elevation: Ground: 2547 Kelly Bushing: 2559

Total Vertical Depth: 6600 Plug Back Total Depth: 5700

Amount of Surface Pipe Set and Cemented at: 1374 Feet

Multiple Stage Cementing Collar Used? Yes 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: 2600 ppm Fluid volume: 160 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Dillco

Lease Name: Regiew SWD License #: 9491

Quarter NE Sec. 17 Twp. 33 S. R. 27 East West

County: Meade Permit #: C-21232

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: 02/21/2012

Confidential Release Date: 02/20/2014

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 03/05/2012



1073791

Operator Name: Quinque Operating Company Lease Name: Adams Trust Well #: 1
 Sec. 33 Twp. 34 S. R. 30 East West County: Meade

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), Depth and Datum Sample

(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

List All E. Logs Run:

GRC
CCL
CBL

Name	Top	Datum
St. Louis B	6318	
Basal Chester	6088	
Morrow	5734	
Marmaton	5153	

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	1377	AA	510	
Production	7.875	4.5	11.6	6420	AA	490	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3)
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 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)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	6318-6323; CIBP @ 6300	1000 gals NEFE 7 1/2% HCL	
2	6104-6124; CIBP @ 6000	1200 gals NEFE 7 1/2% HCL	
2	5784-5790; CIBP @ 5700	750 gals NEFE 7 1/2% HCL	
4	5169-5171	300 gals NEFE 15% HCL	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>5129</u> Packer At: <u>5129</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>01/30/2012</u>	Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u> Gas Mcf <u>490</u> Water Bbls. <u>0</u> Gas-Oil Ratio <u>49000</u> Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>5169-5171</u>
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