KOLAR Document ID: 1768388

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:			
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from _ East / _ West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()	□NE □NW □SE □SW		
CONTRACTOR: License #	GPS Location: Lat:, Long:, Long:		
Name:	Datum: NAD27 NAD83 WGS84		
Wellsite Geologist:	County:		
Purchaser:			
Designate Type of Completion:	Lease Name: Well #:		
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:		
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR	Producing Formation: Kelly Bushing:		
☐ OG ☐ GSW	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 □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Committed and Downit #	Chloride content: ppm Fluid volume: bbls		
☐ Commingled Permit #: ☐ 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 Approved by: Date:					

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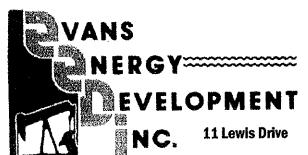
Page Two

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			on (Top), Depth ar		Sample
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		Type and Percent Additives			
Protect Casi								
Plug Off Zon								
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? No (If No, skip question 3) No (If No, skip question 3)								
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:								
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
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:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Zeta Energy, LLC
Well Name	SHOFNER D3
Doc ID	1768388

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	22	50/50 Poz	5	NA
Production	5.625	2.875	6.5	649	60/40 Poz		See Ticket on file



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

WELL LOG

Paola, KS 66071

Diamond Star Oil, Inc. Shofner #D3 API#15-121-31,101

October 6 - October 7, 2015

Thickness of Strata	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
1	lime	5
3	shale	8
. 23	lime	31
20	shale	51
17	lime	68
97	shale	165
18	lime	183
8	shale	191
5	lime	196
18	shale	214
5	lime	219
38	shale	257
14	lime	271
13	shale	284
28	lime	312 oil show-295
7	shale	319
21	lime	340
4	shale	344
19	lime	363 base of the Kansas City
148	shale	511
1	lime	512
1	shale	513
1	broken sand	514 brown & green oil odor
1	sand	515 green, no oil
4	broken sand	519 brown & green light bleeding
1	limey sand	520 white, no oil
3	broken sand	523 brown & green, ok bleeding
1	limey sand	524 brown & white, light oil show
7	shale	531
2	lime	533
3	shale	536
6	lime	542
7	shale	549
3	lime	552
22	shale	574
7	lime	581
16	shale 	597
4	lime	601

Shofner #D3		Page 2		
12	shale	613		
7	lime	620		
13	shale	633		
4	lime	637		
9	shale	646		
2	lime	648		
7	shale	655		
4	sand	659		
4	broken sand	663 brown & green, no bleeding, oil odor		
2	broken sand	665 brown & green, light bleeding		
3	silty shale	668		
1	broken sand	669 brown & green, no oil show		
8 2	silty shale shale	677 679 TD		

Drilled a 9 7/8" hole to 22.6' Drilled a 5 5/8" hole to 679'

Set 22.6' of 7" surface casing cemented with 5 sacks of cement

Set 649.4' of 2 7/8" 8 round upset tubing, 3 centralizers, 1 float shoe, and 1 clamp.