KOLAR Document ID: 1768391

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:	SecTwpS. R				
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:				
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	Field Name:				
□ Oil □ WSW □ SWD	Producing Formation:				
Gas DH EOR	Elevation: Ground: 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? Yes No				
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)				
Committed at Provider	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 #:	Location of fluid disposal if fladied offsite.				
GSW Permit #:	Operator Name:				
<u> </u>	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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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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	d Type and Percent Additives			
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
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:								
	Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled (Submit 4CQ-4)				Bottom			
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	ridge Plug Set At Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind 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 D4
Doc ID	1768391

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	629	60/40 Poz		See Ticket on file



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

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

Paola, KS 66071

WELL LOG

Diamond Star Oil, Inc. Shofner #D4 API#15-121-31,102 October 19- October 20, 2015

Thickness of Strata	<u>Formation</u>	<u>Total</u>
1	soil & clay	1
15	lime	16
18	shale	34
17	lime	51
97	shale	148
18	lime	166
31	shale	197
4	lime	201
20	shale	221
14	lime	235
33	shale	268
27	lime	295 oil show
7	shale	302
22	lime	324
3	shale	327
16	lime	343 base of the Kansas City
127	shale	470
2	lime	472
21	shale	493
13	broken sand	506 brown & green, ok bleeding
7	shale	513
2	lime	515
7	shale	522
4	lime	526
32	shale	558
6	lime	564
17	shale	581
5	lime	586
10	shale	596
9	lime	605
41	shale	646
4	broken sand	650 brown & green, oil odor
9	silty shale	659
20	shale	679 TD

Drilled a 9 7/8" hole to 22.1' Drilled a 5 5/8" hole to 679'

Set 22.1' of 7" surface casing cemented with 5 sacks of cement Set 629' of new 2 7/8" 8 round upset tubing, 3 centralizers, 1 float shoe, and 1 clamp.