KOLAR Document ID: 1640623

Confiden	tiality Re	quested:
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 	VOF WELL	& 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.xxxx)
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 #:	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 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).

Drill Stem Tests Taken	m Tests Taken Yes No			Log Formation (Top), Depth and Datum Sample			Sample		
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate		Туре	e of Cement	# Sacks Used		Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours		Gas	Gas Mcf Water Bbls. Gas-Oil Ratio			Gravity			
DISPOSITION OF GAS: METHOD O			IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom	
Vented Sold Used on Lease Open Hole Perf. (If vented, Submit ACO-18.)			-	·	mingled	юр			
Shots Per Perforation Perforation Bridge Plug Bridge Plug Foot Top Bottom Type Set At		Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)			
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Cross Bar Energy, LLC
Well Name	BURKETT B BW-10
Doc ID	1640623

Casing

	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	22	126	Atlas	35	Reg
Production	7.875	5.5	17	2030	Lone Star	100	Reg
Liner	5.5	4.5	16	2106	50/50 poz	175	4sx

(HE SERVICE TICKET UNITED CEMENTING & ACID CO., INC. No BOX 712 EL DORADO, KANSAS 67042 PHONE AC 316-321-4680 9-19- 91 He. DATE COUNTY CHG. TO: ADDRESS CITY STATE ZIP Bu ID SEC.__ LEASE & WELL NO. _TWP. _ RNG. CONTRACTOR TIME ON LOCATION _ Oas KIND OF JOB $O\omega$ 530.00 SERVICE CHARGE: MATERIAL USED QUANTITY 50-50 Podmil 3105 Ja 800 Q 25 181 BULK CHARGE 54 135.1% (X60 x11) BULK TRK. MILES 91 80 PUMP TRK. MILES 1-44 PLUGS 2900 (1) bhe (a) SALES TAX TOTAL " The second т.<u>р. 31</u>05 CSG. SET AT 2/07 VOLUME SIZE HOLE VOLUME TBG SET AT 1500 MAX. PRESS.__ -SIZE PIPE 7 3 PLUG DEPTH 3/041 PKER DEPTH Rulake PLUG USED ____ Aler TIME FINISHED REMARKS: 50-50 230 MIIO por min 2N That USED as Water no 100 EQUIPMENTUSE Linner JNIT NO. NAME UNIT NO.