KOLAR Document ID: 1643368

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

Address 1:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R East West
Contact Person:	Address 2:	Feet from North / South Line of Section
Designate Type of Completion: Designate Type of Completion	City: State: Zip: +	Feet from _ East / _ West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name:	CONTRACTOR: License #	GPS Location: Lat: . Long:
Designate Type of Completion:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion: New Well		County:
New Well		Lease Name: Well #:
Oil		Field Name:
Gas		Producing Formation:
OG		Elevation: Ground: Kelly Bushing:
GM (Coal Bed Methane)		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info as follows:		
Operator: Well Name: If Alternate II completion, cement circulated from:		
Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Deepening	•	
Original Comp. Date: Original Total Depth: Deepening	Operator:	
Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Commingled Permit #: Dual Completion Permit #: Dewatering method used: De	Well Name:	feet depth to: w/ sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original Total Depth:	
Commingled Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	
Dual Completion Permit #:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite: Completion Date or Dewatering method used: Location of fluid disposal if hauled offsite: Completion Date or License #: License #:	Commingled Parmit #	Chloride content: ppm Fluid volume: bbls
SWD Permit #:		Dewatering method used:
EOR Permit #: Operator Name:		Location of fluid disposal if hauled offsite:
GSW		Econion of haid disposal in fladied choice.
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East West		Operator Name:
Spud Date or Date Reached TD Completion Date or ———————————————————————————————————	<u> </u>	Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
	- P	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 Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		Size Hole Drilled		e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Casing Plug Back TD		Type of Cement		# Sacks Useu		Type and Percent Additives				
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
,			ls.	Flowing Gas	Pumping Mcf	nping Gas Lift Other (Explain Water Bbls.		ther (Explain)	Gas-Oil Ratio	Gravity
Estimated Production Per 24 Hours		Oil Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS:				N	METHOD OF CO	MPLE.	TION:	DN: PRODUCTION INTERVAL:		
☐ Vented ☐ Sold ☐ Used on Lease		Open Hole		Perf. Dually Cor				Тор	Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	nit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At				ot, Cementing Squeeze Record nd Kind of Material Used)	
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion					
Operator	Talon Group LLC					
Well Name	FROEBE 2-31 OWWO					
Doc ID	1643368					

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	223	Common		4% Gel / 6% CC
Production	7.875	5.5	15.5	4686	EA2 Common	375	10% salt / 5% Cal