KOLAR Document ID: 1657348

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:			est			
Address 2:		Feet from North / South Line of Secti	ion			
City: State	:++	Feet from _ East / _ West Line of Secti	ion			
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-En	trv Workover	Field Name:	—			
	_	Producing Formation:				
☐ Oil ☐ WSW ☐ DH ☐	_ SWD □ EOR	Elevation: Ground: Kelly Bushing:				
	GSW	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	_	Amount of Surface Pipe Set and Cemented at: Fe	eet			
	xpl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info a		If yes, show depth set: Fe	eet			
Operator:		If Alternate II completion, cement circulated from:				
Well Name:		feet depth to:w/sx ci	mt.			
Original Comp. Date:						
Deepening Re-perf.	Conv. to EOR Conv. to SWD Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
□ Oinded		Chloride content:ppm Fluid volume:bl	bls			
_ •	ermit #:	Dewatering method used:				
	ermit #: ermit #:					
	ermit #:	Location of fluid disposal if hauled offsite:				
	ermit #:	Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reache	ed TD Completion Date or	Quarter Sec TwpS. R	est			
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 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		ze Hole Orilled	Size Casing Set (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			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)		
,			Flowing Flowing Gas Mcf		Pumping			ther (Explain)	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION:						TION:		PRODUCTIO	N INTERVAL:	
☐ Vented ☐ Sold ☐ Used on Lease		Open Hole Perf.					nmingled Top		Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	mit ACO-4)		
Shots Per Foot			Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)					
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	BOUZIDEN UNIT 3-10
Doc ID	1657348

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	17.5	13.375	48	76	COMMON	135	2% GEL, 3% CC, 1/2# PS
Surface	12.25	8.625	23	619	MDC	125	3% CC, 1/2#PS
Surface	12.25	8.625	23	619	COMMON	150	2% GEL, 3% CC, 1/2# PS
Production	7.875	5.5	17	5428	50/50 POZ	235	10% SALT, 2% GEL