### KOLAR Document ID: 1672625

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	<ul> <li>DESCRIPTION</li> </ul>	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:
	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? 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:
	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:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West
Recompletion Date Reached TD Recompletion Date	Countv: 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:

#### KOLAR Document ID: 1672625

Operator Nam	ie:			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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	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 Top Bottom Perforate Protect Casing		Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	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 Per 24 Hours	Oil	Bbls.	Gas	Mcf Water Bbls. Gas-Oil Ratio				Gravity	
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:			DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		Dually Comp.     Commingled       (Submit ACO-5)     (Submit ACO-4)			юр	
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	S & K Oil Production, Inc.
Well Name	PAGE I 37
Doc ID	1672625

## Casing

	Size Hole Drilled	Size Casing Set	U U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	6	20	one	5	0
Production	5.875	2.875	6	683	one	78	0



# Mound City, KS 620.224.7406

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	Page #I-37	,			Surface	(1992) Alexandre (1993)	Longstring
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Ć		ARIDIVER OF	Coleman Hardware LLC. 505 Main Street Mound City KS 66056 913-795-2895 Fax: 913-795-2026		IN	VOIC	E	)MER (	OPY.
S & K OIL C/O STEV 1903 FAR BLUE MOI	RIS R	OAD	JOB ADDRESS S & K OIL C/O STEVE JACKSON 1903 FARRIS ROAD BLUE MOUND KS 66010		E CU I	1-04771 20006 SOLD ON ST PICK BRANCH OMER P	I UP	11/4/2	1 OF 1 JOB 022 9:48:29 A 1000 DIL
	iank y	ou for your business!		n en stad en	C SAL	STATION ASHIER ESPERS DER ENT	ON		C03 SS
Quantity	UM	Hom	escription	linu;	· · · · · · · · · · · · · · · · · · ·	Reinfelenderstellter		and and the second second	ander (1997) - 2002 (1997) - 1997) 200 - 20
18	EA	SOP05454-000	000 LB. BAGS OF PORTLAND	D		Price	9900	Per	Amount
18	EA		CEMENT ALLET CHARGE PER PALLET			307	.8900	EA	6,083.8
18	EA				Y	25	.0000	EA	450.00
1	DP		VRAPPING CHARGE PER PALLET		Y	5	.0000	EA	90.00
-86	EA		ALLET CHARGE PER PALLET		N Y	1	0000	DP	91.00
ayment Me		<b>s) Buyer: STEVE</b> 5,411.64		Pleas		y This	Sub1 Sale: Depc	s Tax	4,994.82 416.82 5,411.64