KOLAR Document ID: 1807917

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 East West
Address 2:	Feet from North / South Line of Section
City:	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.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
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)
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of haid disposal in hadica offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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 Approved by: Date:							

KOLAR Document ID: 1807917

Page Two

Operator Name	:						Lease	Name: _				W	/ell #:	
Sec Tv	vp	S. R.		East	t 🔲 W	/est	Count	ty:						
open and closed and flow rates if	d, flowing a gas to surf tity Log, Fir	ind shu face tes nal Logs	t-in pressu st, along w s run to ob	ures, who vith final otain Geo	ether sl chart(s ophysic	hut-in pre i). Attach cal Data a	essure rea extra she and Final I	iched stat eet if more Electric Lo	ic level space	, hydrosta e is needed	tic pressures d.	s, botton	n hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log
Drill Stem Tests Taken Yes (Attach Additional Sheets)			/es [No		L		Log Formation (Top), De			Datum	Sample		
Samples Sent to		•	∋y		es [No	Nam		me			Тор		Datum
Cores Taken Electric Log Rur Geologist Repo	rt / Mud Lo	gs			/es [/es [No No No								
List / III L. Logo	i turi.													
				Rep	ort all st		RECORD			Used ite, producti	on, etc.			
Purpose of S	String				ize Casi et (In O.I		Weight Lbs. / Ft.		Setting Depth	Type of Cement		# Sacks Used	Type and Percent Additives	
					ADI	DITIONAL	. CEMENT	ING / SQL	JEEZE	RECORD				
Purpose: Depth Top Bottom Perforate Protect Casing Plug Back TD Plug Back TD		Тур	Type of Cement			ks Used	Type and Percent Additives							
Plug Off 2														
Did you perform Does the volum Was the hydrau	ne of the tota	al base fl	uid of the h	ydraulic fr	racturing	•				Yes Yes Yes	No (If N	lo, skip c	questions 2 an question 3) t Page Three (·
Date of first Produ	uction/Injecti	ion or Re	sumed Pro	duction/		ucing Meth	nod:	ina	Gas Li	ft 🗆 C	ther (Explain)			
Estimated Production Oil Bbls. Per 24 Hours		Bbls.			Mcf		Water		Bbls. Gas		:-Oil Ratio	Gravity		
DISPOSITION OF GAS:				METHOD OF COMPLETION:							PRODUCTIC Top	ON INTERVAL: Bottom		
Vented (If vent	Sold [_	on Lease		Open H	lole	Perf.		Comp t ACO-5		nmingled mit ACO-4)			
Shots Per Foot	Perforation Perforation Bridge Plug Top Bottom Type			Bridge P Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)								
TUBING RECOF	BD:	Size:		Set At:	<u> </u>		Packer At:							
				JULAI.			. wonor At.							

Form	ACO1 - Well Completion
Operator	Western Plains Resources LLC
Well Name	MILLER 3 WIW
Doc ID	1807917

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	552	poz	275	na
Production	7.785	5.5	14	4940	poz	170	na