

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Electric Log Run | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Geologist Report / Mud Logs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | | |

| <div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div> | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---|---------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input type="checkbox"/> Plug Off Zone | | | | |

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

| | | | | | |
|---|----------------|---|-------|-------|----------------------------|
| Date of first Production/Injection or Resumed Production/Injection: | | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water | Bbls. | Gas-Oil Ratio Gravity |

| | | | |
|--|---|--|--|
| <p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p> | <p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p> | <p>PRODUCTION INTERVAL:</p> <p>Top Bottom</p> | |
| | | | |
| | | | |

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used) |
|----------------|-----------------|--------------------|------------------|--------------------|--|
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|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|--------------------------|
| Form | ACO1 - Well Completion |
| Operator | Rama Operating Co., Inc. |
| Well Name | HILLARD 4-1 |
| Doc ID | 1697174 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| Heebner | 3540 | -1684 |
| Toronto | 3554 | -1698 |
| Brown Lime | 3722 | -1866 |
| Lansing | 3742 | -1886 |
| Base KC | 4092 | -2236 |
| Mississippi | 4188 | -2332 |
| Viola | 4243 | -2387 |
| Simpson Shale | 4282 | -2426 |
| Uper Sand | 4288 | -2432 |
| Lower Sand | 4318 | -2462 |
| Arbuckle | 4410 | -2554 |
| RTD | 4626 | -2770 |

| | |
|-----------|--------------------------|
| Form | ACO1 - Well Completion |
| Operator | Rama Operating Co., Inc. |
| Well Name | HILLARD 4-1 |
| Doc ID | 1697174 |

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 | 54.5 | 285 | 60/40 Poz | 330 | 2% gel 1/4 CF |
| Surface | 12.250 | 8.625 | 24 | 1117 | Comm 60/40 Poz | 300 | |
| Production | 7.875 | 5.5 | 14 | 4453 | 60/40 Poz | 125 | |
| | | | | | | | |