KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # N/A
Name: Hayse Management Services for Aquila
Address 1: PO Box 107
Address 2:
City: Mullinville State: KS Zip: 67109 + ____
Contact Person: Dale Hayse
Phone: (620) 548-2369
CONTRACTOR: License # KDHE - 639
Name: Hayse Management Services
Wellsite Geologist: N/A
Purchaser: N/A

Designate Type of Completion:
✓ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW
____ Gas ____ ENHR ____ SIGW
____ CM (Coal Bed Methane) ____ Temp. Abd.
____ Dry X Other ____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: N/A
Well Name:
Original Comp. Date: ____ Original Total Depth: ____
____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
____ Plug Back: ____ Plug Back Total Depth
____ Commingled Docket No.: ____
____ Dual Completion Docket No.: ____
____ Other (SWD or Enhr.?) Docket No.: ____

11-20-07 (Spud Date or Recompletion Date) ____ (Date Reached TD) 11-20-07 (Completion Date or Recompletion Date)

API No. 15 - 155-21532-00-00
Spot Description:
NW - NW - NW - NW Sec. 14 Twp. 23 S. R. 6 ☐ East ☑ West
5145 Feet from ☑ North / ☐ South Line of Section
5240 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Reno
Lease Name: N/A Well #: CPB 60
Field Name: N/A
Producing Formation: N/A
Elevation: Ground: 1536 Kelly Bushing: N/A
Total Depth: 75' Plug Back Total Depth: 75'
Amount of Surface Pipe Set and Cemented at: 0 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: ____ Feet
If Alternate II completion, cement circulated from: ____
feet depth to: ____ w/ ____ sx cmt.
Alt 3 - Dlg - 4/7/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: N/A ppm Fluid volume: ____ bbls
Dewatering method used: ____
Location of fluid disposal if hauled offsite:
Operator Name: ____
Lease Name: ____ License No.: ____
Quarter ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West
County: ____ Docket No.: ____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Dale A Hayse
Title: Supv Date: 3-30-09

Subscribed and sworn to before me this 30 day of MARCH, 20 09.

Notary Public: Hollie Muntz
Date Commission Expires: 8-6-11

HOLLIE MUNTZ
Notary Public - State of Kansas
My Appt. Expires 8-6-11

KCC Office Use ONLY
____ Letter of Confidentiality Received
If Denied, Yes ☐ Date: ____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

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CONSERVATION DIVISION

Side Two

Operator Name: Hayse Management Services for Aquila Lease Name: N/A Well #: CPB 60

Sec. 14 Twp. 23 S. R. 6 ☐ East ☑ West County: Reno

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☑ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☐ Yes ☑ No
(Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

CASING RECORD ☐ New ☐ Used

Report all strings set-conductor, surface, intermediate, production, etc.

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
N/A							

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing _✓_ Plug Back TD ___ Plug Off Zone	75'	Bentonite Grout	N/A	N/A

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record *(Amount and Kind of Material Used)*	Depth
N/A			

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or Enhr. N/A

Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other *(Explain)*

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:
☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:
☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other *(Specify)* _____

PRODUCTION INTERVAL:
_____
_____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

15-155-21532-0000

EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2

313 Spruce Street Halstead, Kansas 67056 (316) 835-2224

As-Built

FORM CP-15
APPLICATION FOR PERMIT TO DRILL AND CONSTRUCT AN UNCASED CATHODIC PROTECTION BOREHOLE

Permit Application Number CPB-_60____

To the Equus Beds Groundwater Management District No. 2:

Comes now the Applicant _Hayse Management Services for Aquila_____
Whose Address is
_____PO Box 107_____Mullinville_____Kansas_____67109___
(P.O. Box or Street) (City) (State) (Zip Code)
Telephone No. _____620_____548-2369_____
(Area Code) (Telephone)

And makes application to the Equus Beds Groundwater Management District No. 2 for a permit to drill and construct a cathodic protection borehole in and through the Equus Beds aquifer in the county of ___Reno_____ , State of Kansas, to the extent and in accordance with the following:

1. The location of the proposed cathodic protection borehole is in the __NW__ quarter of the __NW__ quarter of the _NW___ quarter of Section _14__, Township _23__, south, Range __6_ west and more particularly described as being near a point _5145___ feet north and _5240____ feet west of the apparent southeast corner of said section. (100ft south, 25 ft east of center line from the corner of 4th & Hendricks, Hutchinson, Ks)

2. The proposed use of the cathodic protection borehole is to provide cathodic protection of the applicant's __Gas Distribution Main___ facility from electrochemical corrosion.

3. The land surface elevation is __1536____ feet above mean sea level and the method of measurement used was (b) topographic map _____.

4. The depth to surface or top of bedrock or shale is __75____ feet below land surface.

5. The depth to the water table of the fresh water aquifer is __12____ feet below land surface.

6. Aquifer salinity as indicated by chloride concentration is __145____ mg/L and was determined by: (b) test well data _____.

7. The total depth of the cathodic protection borehole will not penetrate the bedrock surface and will be completed __75+/-___ feet below land surface.

8. The diameter of the uncased cathodic protection borehole will be a minimum of ___8____ inches.

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9. Non toxic anodes that meet or exceed the American Water Works Association standards for use in public water supply systems and adopted through K.A.R. 82-3-707 will be installed beginning at a depth of __25____ feet below land surface to a total depth of ___70___ feet below land surface.

10. Anode conductor grout that is certified by the National Sanitation Foundation to meet the American National Standards Institute Standard 60 for use in drinking water treatment chemicals and adopted through K.A.R. 82-3-707 will be installed beginning at a depth of __10__ feet below land surface a total depth of ____75___feet below land surface.

11. The uncased borehole from the top of the anode conductor grout will be grouted with (c) bentonite clay grout from a total depth of ____10__ feet below land surface to ___3____ feet below land surface.

12. The grouted uncased borehole will be backfilled with clean compacted topsoil from ___3____ feet below land surface to ____0___ feet above land surface.

13. Will the use of a drilling pit threaten to contaminate fresh and usable groundwater? _____ Yes ___X___ No. If Yes, complete sections (a) and (b). Circle one: (a) the pit will be: (i) constructed so that the bottom and side have a hydraulic conductivity no greater than 1 x 10^{-7} cm/sec., (ii) constructed above ground, or (iii) a portable above ground tank, and (b) the applicant has submitted a surface pond application to the Director, Conservation Division, Kansas Corporation Commission. _____ Yes _____ No.

14. A construction plan is submitted with the application and shows or illustrates the information contained in paragraphs #4 through #12.

15. The cathodic protection borehole will be abandoned and plugged if it: (a) is not completed due to unforeseen circumstances, (b) either contaminates or threatens to contaminate a fresh water aquifer, (c) encounters uncontrollable artesian flow, (d) has exhausted its anodes and replacement anodes are not installed within one year, or (e) has not been used for one year and the applicant does not demonstrate intentions to use it.

16. The applicant understands and is aware that the Equus Beds Groundwater Management District No. 2 has adopted regulations a policy that establishes minimum standards to drill, construct and abandon cathodic protection boreholes and agrees to comply with the adopted standard and policy. Further, the applicant may, pursuant to District policy D.S.P. 9007.1 appeal these standards and request a waiver of an adopted standard.

17. Dated at _Mullinville__ , Kansas, this __8____ day of _October_, 2007____.

_____Hayse Management Services____
(Applicant)

By_____
(Signature)

_____Supervisor_____
(Title)

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EBGWMD2 Form -CP-15
12-Dec-00

Equus Beds Groundwater
Management District No. 2

APPLICANT - DO NOT CONTINUE BELOW DOUBLE LINE

For Equus Beds Groundwater Management District Use

1) Application received on 11/7/07.

2) Application review by Tim Boese

Manager
(Title)

3) The application is hereby denied. The denial was based on the following findings:

4) The application meets or exceeds the Cathodic Protection Borehole K.A.R. 82-3-700 and K.A.R. 82-3-705 through K.A.R. 82-3-710 and is hereby approved by Board of Directors, Equus Beds Groundwater Management District No. 2 this 13 day of November, 20 07.

Tim Boese

Equus Beds Groundwater Management District No. 2

EBGMD2 Form - CP-15
Rev: 23 Aug 06

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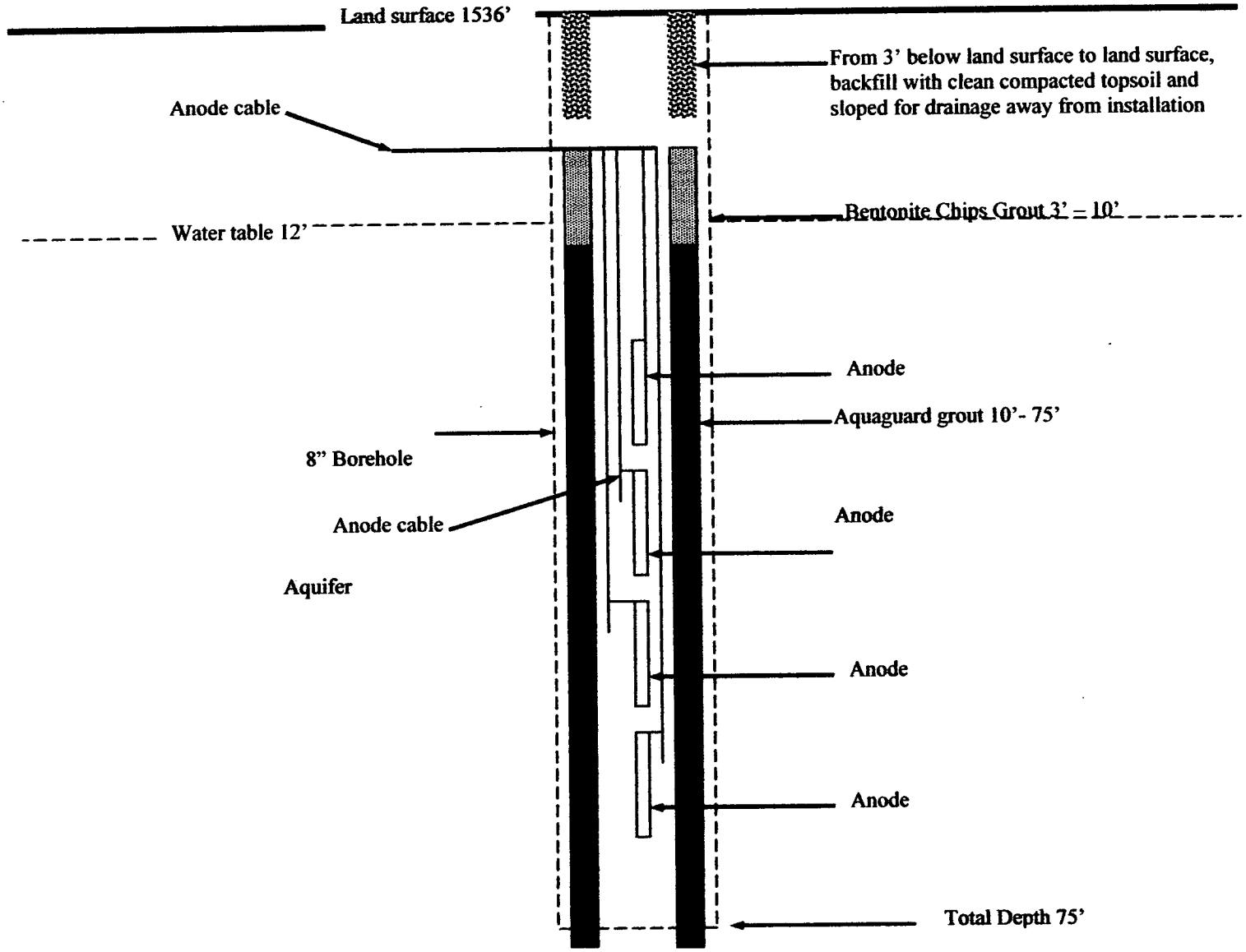
Equus Beds Groundwater
Management District No. 2

EQUUS GROUNDWATER MANAGEMENT DISTRICT NO. 2

CATHODIC PROTECTION BOREHOLE ILLUSTRATION

Uncased Borehole Construction Features

Aquila
4th & Hendricks
Hutchinson, Reno County, Kansas
October, 2007



WATER WELL RECORD — Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Reno | Fraction: NE ¼ NW ¼ NE ¼ | Section Number: 14 | Township Number: T 23 S | Range Number: R 6 E (W)

Distance and direction from nearest town or city street address of well if located within city? 4th + Hendricks

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER: AQUILA
RR#, St. Address, Box # : W. HARRY
City, State, ZIP Code : Wichita KS 67213

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N / W / E / S — NW, NE, SW, SE (X in NW)

4 DEPTH OF COMPLETED WELL 60 ft.

Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL N/A ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering (12) Other (Specify below) Cathodic Protection
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ; If yes, mo/day/yrs Sample was submitted ..... Water well disinfected? Yes ..... No X

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement (9) Other (specify below) Anodes Welded .....
2 PVC 4 ABS 7 Fiberglass Threaded N/A

Blank casing diameter N/A in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface N/A in., Weight ..... lbs./ft. Wall thickness or guage No. .....

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS (11) Other (Specify) N/A
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From N/A ft. to N/A ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite (4) Other AQUA Guard Grout
Grout Intervals: From 60 ft. to 0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage (16) Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? 999 How many feet? 999

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2'	Road Gravel + Top Soil	0'	60'	AQUA Guard Liquid Grout
2'	60'	Sand + Gravel			

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Equus Beds Groundwater Management District No. 2

(Note 4-Wells within 20 ft of each other all lithologic the same)

00001162

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11-20-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 663 This Water Well Record was completed on (mo/day/year) 1-2-08 under the business name of Pratt Well Service, Inc by (signature) Steven Gill

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.

KSA 82a-1212