

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 31473
Name: 8G-5 Inc.
Address 1: 3939 Ellis Road
Address 2: _____
City: Rantoul State: KS Zip: 66079
Contact Person: Jimmie Patton
Phone: (785) 241-4016
CONTRACTOR: License # 6142
Name: Town Oil Company
Wellsite Geologist: NO
Purchaser: Coffeyville Resources

Designate Type of Completion:
☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ WSW ☐ SWD ☐ SLOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Corr. Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☐ Conv. to GSW
☐ Plug Back: _____ Plug Back Total Depth: _____
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

10/5/01 10/7/04 12/29/04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 059-25026-00-00
Spot Description: _____
NE NW SW SW Sec. 8 Twp. 18 S. R. 21 ☒ East ☐ West
1,180 Feet from ☐ North / ☒ South Line of Section
1,780 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW
County: Franklin

Lease Name: Wright Well #: 41
Field Name: Rantoul

Producing Formation: 1st Squirrel

Elevation: Ground: GL Kelly Bushing: _____

Total Depth: 708 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 709

feet depth to: Surf w/ 160 sx cmf.

Drilling Fluid Management Plan
(Data must be collected from the Reserve P2)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Permit #: _____

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.

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.

Signature: Scott A. Buehler
Title: Pres. Date: 6/17/11

KCC Office Use ONLY

☐ Letter of Confidentiality Received
Date: _____
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ ☒ ☐ ☐ Approved by: Dg Date: 7/6/11

Operator Name: BG-5 Inc. Lease Name: Wright Well #: 41
 Sec. 8 Twp. 18 S. R. 21 ☒ East ☐ West County: Franklin

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Squirrel</td> <td>628</td> <td>631</td> </tr> <tr> <td>Squirrel</td> <td>633</td> <td>640</td> </tr> </tbody> </table>	Name	Top	Datum	Squirrel	628	631	Squirrel	633	640
Name	Top	Datum								
Squirrel	628	631								
Squirrel	633	640								

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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
Pumping	5 5/8"	2 7/8"		708	50/50 poz m		143SX
							GEL

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				

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

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method:		
			<input checked="" 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
	2		10		

DISPOSITION OF GAS: <input type="checkbox"/> Ventd <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACD-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dualy Comp. <input type="checkbox"/> Commingled <i>(Submit ACD-5) (Submit ACD-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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