

KANSAS CORPORATION COMMISSION **ORIGINAL**
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5208
Name: ExxonMobil Oil Corporation
Address 1: P.O. Box 4358
Address 2: _____
City: Houston State: TX Zip: 77210 + 4358
Contact Person: Gladys M. Olive
Phone: (281) 654-1921
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
Purchaser: KCC WICHITA

API No. 15 - 055-20606-0002
Spot Description: _____
NW NW NW NW Sec. 1 Twp. 26 S. R. 34 East West
5010 Feet from North / South Line of Section
4970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Finney
Lease Name: Jones #4 Unit Well #: 5
Field Name: Panoma
Producing Formation: Council Grove and Chase
Elevation: Ground: 2950 Kelly Bushing: 2967
Total Depth: 5325 Plug Back Total Depth: 3030
Amount of Surface Pipe Set and Cemented at: 1980 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 cm.

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

If Workover/Re-entry: Old Well Info as follows:
Operator: Mobil Oil Corporation
Well Name: Taylor Jones Well #1
Original Comp. Date: 1/8/86 Original Total Depth: 5325
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 3030 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
1-23-87 12-9-88 7-22-2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
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: Gladys M. Olive
Title: Technical Assistant Date: 8/17/2011

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution W3
ALT I II III Approved by: Dig Date: 8/23/11

Operator Name: ExxonMobil Oil Corporation Lease Name: Jones #4 Unit Well #: 5
 Sec. 1 Twp. 26 S. R. 34 East West County: Finney

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 (Attach Additional Sheets) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, Submit Copy) | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|---|---|

List All E. Logs Run: No new logs run-
 Added Chase perms, acidized, fraced and returned well to production.

| CASING RECORD <input type="checkbox"/> New <input checked="" 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 |
| Surface Casing | 12-1/4" | 8-5/8" | 32# | 1980 | NA | 900 | NA |
| Production csg | 7-7/8" | 5-1/2" | 15.5# | 5325 | NA | 445 | NA |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input checked="" type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input type="checkbox"/> 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 |
|----------------|---|---|-------|
| 3 | 2739-2760 (63 shots)Ft. Riley | Perf & aczd | |
| 3 | 2724-2739 (45 shots)Ft. Riley | Perf & aczd | |
| 3 | 2680-2690 (30 shots)Towanda | Perf & aczd, frac/80200# 40/70sd + 106911 gal liquid volume. | |
| 3 | 2610-2640 (90 shots)Winfield | Perf & aczd | |
| 3 | 2560-2586 (78 shots)Krider | Perf & aczd | |

TUBING RECORD: Size: 2 3/8" Set At: 2883 Packer At: -- Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 7/22/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

| | | | | | |
|-----------------------------------|-----------|-----------|-------------|---------------|------------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
| | <u>0</u> | <u>45</u> | <u>0</u> | <u>--</u> | <u>0.7</u> |

| | | |
|---|--|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: <u>2560-2882 Overall</u> |
|---|--|--|