

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 33993
Name: Quest Energy, LLC
Address 1: 2732 N. Reese RD.
Address 2: _____
City: Brookville State: KS Zip: 67425 + _____
Contact Person: Mr. Tracy Hynes
Phone: (785) 283 - 4249
CONTRACTOR: License # 33905
Name: Royal Drilling, Inc.
Wellsite Geologist: Ken Wallace
Purchaser: NCRA

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: _____

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 #: _____

12/9/2011 12/15/2011 12/29/2011

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 185-23727-00-00

Spot Description: _____

S2 NE SE NE Sec. 1 Twp. 21 S. R. 14 ☐ East ☒ West

1,825 Feet from ☒ North / ☐ South Line of Section

330 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: Stafford

Lease Name: Morrison Well #: 1-1

Field Name: _____

Producing Formation: _____

Elevation: Ground: 1910 Kelly Bushing: 1917

Total Depth: 3753 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 817 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 88000 ppm Fluid volume: 600 bbls

Dewatering method used: Hauled Off

Location of fluid disposal if hauled offsite:

Operator Name: Bob's Oil Service, Inc.

Lease Name: Teichman License #: _____

Quarter SW/4 Sec. 16 Twp. 22 S. R. 12 ☐ East ☒ West

County: Stafford Permit #: D - 23,722

APR 05 2014

APR 06 2012

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2028, 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: Tracy Hynes

Title: manager Date: 4/4/2012

KCC Office Use ONLY

☒ Letter of Confidentiality Received

Date: 4-5-12 to 4-5-14

☐ Confidential Release Date: _____

☒ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☒ I ☐ II ☐ III Approved by: NJ Date: 4-24-12