



KANSAS CORPORATION COMMISSION 1085363

OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31569

Name: Bach, Jason dba Bach Oil Production

Address 1: PO BOX 723

Address 2:

City: ALMA State: NE Zip: 68920 + 0723

Contact Person: Jason Bach

Phone: (308) 928-8920

CONTRACTOR: License # 30606

Name: Murfin Drilling Co., Inc.

Wellsite Geologist: Bob Petersen

Purchaser: CVR

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 #:

05/07/2012

05/11/2012

05/22/2012

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 15-147-20677-00-00

Spot Description:

SW SE NW SW Sec. 10 Twp. 1 S. R. 19 ☐ East ☒ West

1585 Feet from ☐ North / ☒ South Line of Section

733 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☒ SW

County: Phillips

Lease Name: Rodenbaugh Well #: 1

Field Name:

Producing Formation: LKC

Elevation: Ground: 2019 Kelly Bushing: 2114

Total Depth: 3625 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 230 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 3625

feet depth to: 0 w/ 600 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 21000 ppm Fluid volume: 500 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License #:

Quarter Sec. Twp. S. R. ☐ East ☐ West

County: Permit #:

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.

Submitted Electronically

KCC Office Use ONLY☒ Letter of Confidentiality Received

Date: 08/21/2012

☐ Confidential Release Date:☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Deanna Garner Date: 08/23/2012