

## CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 Juna 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 # 53           | 16               |   | API No. 15 - 15-081-21986-00-00   |  |
|----------------------------------|------------------|---|---|--|
| lame: Falcon Explorati           |                  |   | Spot Description:   |  |
| Address 1: 125 N MARKET STE 1252 |                  |   | SW NW SE SE Sec. 36 Twp. 27 S. R. 31 East West  930 Peet from North / South Line of Section |  |
|                                  |                  |   |   |  |
| Contact Person: CYNDE W          | OLF              |   | Footages Calculated from Nearest Outside Section Corner:                                    |  |
| Phone: ( 316 ) )                 | ′8               |   | □ne □nw ☑se □sw   |  |
| CONTRACTOR: License #_5          |                  |   | County: Haskell   |  |
| Name: Sterling Drilling Co       | mpany            |   | Lease Name: MOORE-AMERICAN Well #: 1-36(SE)   |  |
| Wellsite Geologist: STEVE M      |                  |   | Field Name:   |  |
| Purchaser: NA                    |                  |   | Producing Formation: NA   |  |
| Designate Type of Completion     |                  |   | Elevation: Ground: 2843 Kelly Bushing: 2856   |  |
|                                  |                  | Workover                                | Total Depth: 5375 Plug Back Total Depth:  |  |
|                                  | _                | ☐ slow                                  | Amount of Surface Pipe Set and Cemented at: 1872 Feet                                       |  |
| ☐ Oil ☐ WSW                      | ☐ SWD<br>☐ ENHR  | ☐ SIGW                                  | Multiple Stage Cementing Collar Used? Yes V No  |  |
|                                  | ☐ GSW            | Temp. Abd.                              | If yes, show depth set:Feet   |  |
| CM (Coal Bed Methane)            |                  |   | If Alternate II completion, cement circulated from:   |  |
| Cathodic Other                   |                  |   | feet depth to:w/sx cmt.   |  |
| If Workover/Re-entry: Old We     |                  |   | feet depth to:  |  |
| Operator:                        |                  |   |   |  |
| Well Name:                       |                  |   | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)                |  |
| Original Comp. Date:             |                  |   |   |  |
|                                  |                  | ENHR Conv. to SWD                       | Chloride content:ppm Fluid volume:bbls  |  |
|                                  | -pen. ☐ Conv. to |   | Dewatering method used:   |  |
| Plug Back:                       |                  |   | Location of fluid disposal if hauled offsite:   |  |
| Commingled                       |                  | <b>3</b>                                | Ownertor Name:  |  |
| Dual Completion                  | Permit #:        | #:                                      | Operator Name: License #:   |  |
| SWD                              | Permit #:        |   |   |  |
| ENHR                             | Permit #:        |   | Quarter Sec TwpS. R East _ West   |  |
| ☐ GSW                            | Permit #:        |   | County: Permit #:   |  |
| 5/16/2012 5/2                    | 26/2012          | 5/27/2012                               |   |  |
| Spud Date or Date                | e Reached TD     | Completion Date or<br>Recompletion Date |   |  |

## **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: 08/28/2012 |  |  |  |
|                     | Confidential Release Date:                           |  |  |  |
|                     | Wireline Log Received                                |  |  |  |
|                     | ☑ Geologist Report Received                          |  |  |  |
|                     | UIC Distribution                                     |  |  |  |
|                     | ALT I II Approved by: NAOMI JAMES Date: 08/28/2012   |  |  |  |