



KANSAS CORPORATION COMMISSION 1094939  
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 # 32912  
Name: Carroll Energy, LLC  
Address 1: PO BOX 766  
Address 2:  
City: INDEPENDENCE State: KS Zip: 67301 + 0766  
Contact Person: Terry Carroll Jr.  
Phone: ( 800 ) 917-1618  
CONTRACTOR: License # 32912  
Name: Carroll Energy, LLC  
Wellsite Geologist: Terry Carroll Jr.

API No. 15 - 15-019-26279-00-02  
Spot Description:  
N2 NE SE SE Sec. 2 Twp. 32 S. R. 9  East  West  
1200 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section

Purchaser:  
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 (Core, Expl., etc.): \_\_\_\_\_

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Chautauqua  
Lease Name: TERRELL Well #: 3  
Field Name:  
Producing Formation: Mississippi  
Elevation: Ground: 1129 Kelly Bushing: 1129  
Total Depth: 2247 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 80 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.

If Workover/Re-entry: Old Well Info as follows:  
Operator: Range Oil Company, Inc.  
Well Name: Terrell 3  
Original Comp. Date: 10/22/1992 Original Total Depth: 2247  
 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 #: \_\_\_\_\_  
01/2/2006 01/2/2006  
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 #: \_\_\_\_\_

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: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Gantner Date: 10/08/2012



1094939

Operator Name: Carroll Energy, LLC

Lease Name: TERRELL

Well #: 3

Sec. 2 Twp. 32 S. R. 9 East West

County: Chautauqua

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 Yes No Log Formation (Top), Depth and Datum Sample

Samples Sent to Geological Survey Yes No Name Top Datum

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No (If no, Submit Copy)

List All E. Logs Run:

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Table with 8 columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD

Table with 5 columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

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: Yes No

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

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: Vented Sold Used on Lease (If vented, Submit ACO-18.) METHOD OF COMPLETION: Open Hole Perf. Dually Comp. (Submit ACO-5) Commingled (Submit ACO-4) Other (Specify) PRODUCTION INTERVAL: