



# CONFIDENTIAL

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1102921

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 # 30606

Name: Murfin Drilling Co., Inc.

Address 1: 250 N WATER STE 300

Address 2:

City: WICHITA State: KS Zip: 67202 + 1216

Contact Person: Leon Rodak

Phone: ( 316 ) 267-3241

CONTRACTOR: License # 30606

Name: Murfin Drilling Co., Inc.

Wellsite Geologist: Rocky Milford

Purchaser: MV Purchasing, LLC

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 #:

08/08/2012	08/21/2012	09/28/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-023-21353-00-00

Spot Description:

N2 N2 NE SE Sec. 5 Twp. 1 S. R. 37 ☐ East ☒ West2600 Feet from ☐ North / ☒ South Line of Section660 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Cheyenne

Lease Name: Shones Unit Well #: 1-5

Field Name: NA

Producing Formation: LKC, Pawnee

Elevation: Ground: 3172 Kelly Bushing: 3177

Total Depth: 4955 Plug Back Total Depth: 4878

Amount of Surface Pipe Set and Cemented at: 220 Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set: 3094 Feet

If Alternate II completion, cement circulated from: 3094

feet depth to: 438 w/ 270 sx cmt.

#### Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 800 ppm Fluid volume: 1000 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: 11/29/2012

☐ Confidential Release Date:☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 11/30/2012