



KANSAS CORPORATION COMMISSION 1105386
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

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 # 34038
Name: Flatirons Resources LLC
Address 1: 303 E 17TH AVE STE 940
Address 2: _____
City: DENVER State: CO Zip: 80203 +
Contact Person: John Marvin
Phone: (303) 292-3902
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Clayton Erickson
Purchaser: _____
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 #: _____

11/19/2012 11/29/2012 11/29/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-101-22409-00-00
Spot Description: _____
NW NW SW Sec. 22 Twp. 16 S. R. 28 ☐ East ☒ West
2310 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: Lane
Lease Name: Coppenhaver Well #: 13-22
Field Name: _____
Producing Formation: none
Elevation: Ground: 2686 Kelly Bushing: 2696
Total Depth: 4600 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 224 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: 4800 ppm Fluid volume: 875 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: 12/20/2012
☐ Confidential Release Date: _____
☒ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 12/20/2012