

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1094897

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 # 34697
Name: Wilson County Holdings LLC
Address 1: 111 CONGRESS AVE, STE 400
Address 2: _____
City: AUSTIN State: TX Zip: 78701 + _____
Contact Person: Don Missey
Phone: (303) 884-3203
CONTRACTOR: License # 34710
Name: Major Drilling Environmental, LLC
Wellsite Geologist: Larry Nicholson
Purchaser: N/A

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.): stratigraphic coring

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 #: _____

04/15/2012 05/15/2012 05/17/2012

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 15-205-28009-00-00

Spot Description: West Southwest of Cell tower SWNESESE

SW NE SE SE Sec. 13 Twp. 29 S. R. 14 ☒ East ☐ West

825 Feet from ☐ North / ☒ South Line of Section

495 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Wilson

Lease Name: Morris Well #: 1

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 899 Kelly Bushing: 900

Total Depth: 1200 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 40 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: 0 ppm Fluid volume: 40 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: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 01/14/2013

1094897

Operator Name: Wilson County Holdings LLC Lease Name: Morris Well #: 1
 Sec. 13 Twp. 29 S. R. 14 ☒ East ☐ West County: Wilson

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically (If no. Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
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
casing	8	6	12	40	Portland Type II	20	0

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

Shots Per Foot	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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 05/17/2012		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Plugged Strat Well</u>			
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio 0	Gravity 0

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input checked="" type="checkbox"/> Other (Specify) <u>plugged on completion</u>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Morris 1
Doc ID	1094897

Tops

Gas Sand	235	
Coal	270	
KC Limestone	354	
Sandy Lime	470	
Coal	480	
Limestone	525	
Weiser Sand	655	
Sandy Shale	720	
Oswego Lime	830	
Mulkey Coal	868	
Sandy Odor	1022	
Sandy Shale	1052	
Sandy Shales Sand	1100	
Riverton Coal	1132	
Mississippi	1159	

AD ASTRA PER ASPERA
Kansas
Corporation Commission

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist-Albrecht, Commissioner

Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Sam Brownback, Governor

December 04, 2012

WILSON COUNTY HOLDINGS I.L.C.
111 CONGRESS AVE. STE 400
AUSTIN, TX 78701

FINAL NOTICE OF VIOLATION

RE: API Well No. 15-205-28009-00-00
MORRIS I
SWNESESE, 13-29S-14E
WILSON County, Kansas

Dear Operator:

Technical review of the above referenced well shows that the well information is incomplete. The following documentation has not been received, and a first letter notice was sent to you on September 27, 2012. To date, we have not received the following information:

- | | |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL, HARD COPY of ACO-1 | <input type="checkbox"/> Side two on back of ACO-1 must be filled out. |
| <input type="checkbox"/> We do not accept fax copies. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> API # or date when original well was first drilled | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist |
| <input type="checkbox"/> Contractor License # | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion | <input type="checkbox"/> Any commingling information: File on the ACO-4 form. |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | |
| <input type="checkbox"/> Other: | |

This requested information must be submitted for processing as stated under K.A.R. 82-3-107(d), and K.A.R. 82-3-130 of the General Rules and Regulations for the State of Kansas. Failure to submit the requested information by December 18, 2012, shall be punishable by a \$500.00 per well administrative penalty. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY.

Please contact me at (316) 337-6200 if you have any questions.

Sincerely,

Deanna Garrison

DEANNA GARRISON

Production Department



ENTERED

TICKET NUMBER 34608

LOCATION Eureka

FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT

CEMENT

API = NA

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-15-12	8926	Morris Lane Gas well	13	29S	14E	Wilson
CUSTOMER						
Mailing Address			TRUCK #	DRIVER	TRUCK #	DRIVER
Wilson County Holding LLC			445	Dave		
111 Congress Ave Ste 800			607	Chris B.		
CITY	STATE	ZIP CODE				
Austin	Tx	78701				

JOB TYPE <u>P.T.A</u>	HOLE SIZE _____	HOLE DEPTH <u>1165'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>1"</u>	OTHER _____
SLURRY WEIGHT <u>11"</u>	SLURRY VOL _____	WATER gal/hr <u>2.0</u>	CEMENT LEFT in CASING <u>1165'</u>
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting. Rig up to 1" tubing. Break circulation w/ fresh water. Mixed 100 sacks 40/90 Pozmix cement w/ 4% sal @ 14#/gal. Pull 1" out, topped well off. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5406A	1	PUMP CHARGE	695.00	695.00
5406	40	MILEAGE	4.00	160.00
1131	100 sq ^s	60/40 Drivie cement	12.55	1255.00
118B	345 "	4% gel	.21	72.45
5407	4.3	tan mileage busk tax	m/c	350.00
			Subtotal	2532.45
			SALES TAX	83.63
			ESTIMATED TOTAL	2616.08

G.S.

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049863

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AUTHORIZATION

TITLE

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.