

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE



1095838

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 ☐ SIOW
☐ 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 #: _____

04/09/2012 04/29/2012 05/08/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-28006-00-00
Spot Description: Hendry 9
W2 SW SW Sec. 6 Twp. 29 S. R. 15 ☒ East ☐ West
660 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: Wilson
Lease Name: Hendry Well #: 9
Field Name: Fredonia
Producing Formation: Bartlesville
Elevation: Ground: 906 Kelly Bushing: 907
Total Depth: 1200 Plug Back Total Depth: 1200
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

1095838

Operator Name: Wilson County Holdings LLC Lease Name: Hendry Well #: 9
 Sec. 6 Twp. 29 S. R. 15 ☒ 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☒ Yes ☐ No

Electric Log Run ☐ Yes ☒ No

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

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
 Attached Attached Attached

CASING RECORD ☒ New ☐ 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	Type II	20	0

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Strat Well plugged</u>		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input 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 type="checkbox"/> Other (Specify) _____		PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Hendry 9
Doc ID	1095838

Tops

Lime	246	
Coal	273	
KC Lime	361	
Sandy Lime	381	
Black Shale	562	
Lenapah Lime	613	
Altamont Lime	647	
Weiser Sand	663	
Pawnee Lime	766	
Oswego Lime	821	
Mulkey Coal	856	
Verdagrish Lime	909	
Coal	922	
Bartlesville Sand	1037	
Sandy Shale	1045	
Mississippi Chat	1135	
TD		



Phone: 316-337-6200

Fax: 316-337-6211

<http://kcc.ks.gov/>

Mark Sievers, Chairman

Thomas E. Wright, Commissioner

Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 04, 2012

WILSON COUNTY HOLDINGS LLC
111 CONGRESS AVE, STE 400
AUSTIN, TX 78701

FINAL NOTICE OF VIOLATION

RE: API Well No. 15-205-28006-00-00

HENDRY 9

W2SWSW, 6-29S-15E

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

Production Department

CONSERVATION DIVISION

Finney State Office Building, 130 S. Market, Room 2078, Wichita, KS 67202-3802
(316) 337-6200 • Fax (316) 337-6211 • <http://kcc.ks.gov/>

P 15/15



CONSOLIDATED
DR. Mark Sordino, LLC



ENTERED

TICKET NUMBER 34629 ✓

LOCATION Eureka

FOREMAN Stevenson

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-205-28006

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-10-12	8906	Handley #9	6	29S	15E	Wilson
CUSTOMER						
Wilson County Holding LLC						
MAILING ADDRESS						
111 Congress Ave. Ste 400						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Austin	TX	78701	485	Alan m		
			477	Merle		

JOB TYPE <u>PLA</u>	HOLE SIZE _____	HOLE DEPTH <u>1240'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>1"</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety Meeting. Rig up to 1" Tubing. Break Circulation w/ Fresh water
Mix Total of 75 lbs. 20/40 Pozmix Cement 4% Gel. 1140' to Surface
Pullout 1" Tubing. Tap well OFF.
Job Complete. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 A.	1	PUMP CHARGE	1030.00	1030.00
5406	4.4	MILEAGE	4.00	160.00
1131	75 sks	6940 permix cement	12.55	941.25
1118 B	250*	Gal 4% Tonnage Rmk Truck	.21 m/c	52.50 350.00
			SubTotal	2533.75
			SALES TAX	62.61
			ESTIMATED TOTAL	2596.36

Ravin 3737

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AUTHORIZATION

TITLE

DATE 10-MAY-2012

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