

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

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 33245
Name: Cross Bar Energy, LLC
Address 1: 100 S. Main Suite 400
Address 2: _____
City: Wichita State: KS Zip: 67202 + _____
Contact Person: Andrew Brensing
Phone: (316) 239-6151
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
Purchaser: _____

Designate Type of Completion:

- | | | |
|--|---|--|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input checked="" type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input checked="" type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: Cross Bar Energy, LLC
Well Name: EW-47 (Formerly E-33)

Original Comp. Date: 09-19-1979 Original Total Depth: 2340'
☐ Deepening ☐ Re-perf. ☒ Conv. to ENHR ☐ Conv. to SWD
☐ Conv. to GSW

<input type="checkbox"/> Plug Back: _____	Plug Back Total Depth
<input type="checkbox"/> Commingled	Permit #: _____
<input type="checkbox"/> Dual Completion	Permit #: _____
<input type="checkbox"/> SWD	Permit #: _____
<input checked="" type="checkbox"/> ENHR	Permit #: <u>E-816</u>
<input type="checkbox"/> GSW	Permit #: _____

4-6-12 Spud Date or Date Reached TD 4-6-12 Completion Date or Recompletion Date

API No. 15 - 073-21497-00-01

Spot Description: E2 SW NW Sec. 26 Twp. 23 S. R. 10 ☒ East ☐ West
1,980 Feet from ☒ North / ☐ South Line of Section
1,220 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SW

County: Greenwood

Lease Name: Burkett E Well #: EW-47

Field Name: Burkett (Formerly E-33)

Producing Formation: Bartlesville

Elevation: Ground: 1424' Kelly Bushing: _____

Total Depth: 2340 Plug Back Total Depth: 2314'

Amount of Surface Pipe Set and Cemented at: 180' Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: Prod CSG cemented
feet depth to: 505' to Surface w/ 50 sx cmt.

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 #: _____

RECEIVED
MAY 23 2012
KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____
Title: Member Date: 05-23-2012

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: Jag Date: 1/15/13

Operator Name: Cross Bar Energy, LLC Lease Name: Burkett E Well #: EW-47
 Sec. 26 Twp 23 S. R. 10 ☒ East ☐ West County: Greenwood

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: <div style="font-size: 2em; font-weight: bold;">Radioactivity</div>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Top</td> <td style="width: 33%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td>2286'</td> <td>-840</td> </tr> </table>	Name	Top	Datum	Bartlesville	2286'	-840
Name	Top	Datum					
Bartlesville	2286'	-840					

CASING RECORD <input 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
Surface	9-7/8"	6-5/8"		180'	Common	80	2 sx Chloride
Production	6-1/4"	4-1/2"		2335'	Common	75	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	505' to Surface	60/40 Pos. Mix	50	Premium Gel / Bentonite

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
1	2288-2292		
1	2296-2308		

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>2240'</u> Packer At: <u>2240'</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. Upon Injection Approval from KCC		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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