

Confidentiality Requested:

☐ Yes ☒ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

Form ACO-1

August 2013

FEB 18 2014

Form must be Typed  
Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE RECEIVED

OPERATOR: License # 31878

Name: Jim Snyder(deceased)

Address 1: P O Box 109

Address 2:

City: Hamilton State: KS Zip: 66853 + 0109

Contact Person: Linda Snyder

Phone: ( 620 ) 344-6283

CONTRACTOR: License # 31878

Name: Jim Snyder(deceased)

Wellsite Geologist:

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: R & G Oil

Well Name: Clopton #1

Original Comp. Date: 09-23-52 Original Total Depth: 1150

☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD

☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #:

☐ Dual Completion Permit #:

☒ SWD Permit #: D-21643

☐ ENHR Permit #:

☐ GSW Permit #:

2/17/2014

Spud Date or  
Recompletion Date

Date Reached TD

2-17-14  
Completion Date or  
Recompletion Date

API No. 15 - 073-01532-0001

Spot Description:

NE SE SW NW Sec. 18 Twp. 22 S. R. 11 ☒ East ☐ West

3,263 Feet from ☐ North / ☒ South Line of Section

3,990 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

GPS Location: Lat: 38.1383938, Long: -96.2442908  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Greenwood

Lease Name: Clopton Well #: 1

Field Name: Demaloric-Sowder

Producing Formation:

Elevation: Ground: 1245 Kelly Bushing:

Total Vertical Depth: 1150 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 60 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: 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 #:

**INSTRUCTIONS:** The original 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. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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: Linda Snyder

Title: Administrator Date: 02-13-14

KCC Office Use ONLY

☐ Confidentiality Requested

Date:

☐ Confidential Release Date:

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: DLS Date: 3/31/14

Operator Name: Jim Snyder(deceased) Lease Name: Clopton Well #: 1  
 Sec. 18 Twp. 22 S. R. 11 ☒ East ☐ West County: Greenwood

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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

List All E. Logs Run:

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

Name Top Datum

### 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
surface		8.625		60		25	
Production		7		1056		175	
liner		4.5		1054			

### 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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☒ No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☒ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☒ No (If No, fill out Page Three of the ACO-1)

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

**KCC WICHITA**  
**FEB 18 2014**  
**RECEIVED**

TUBING RECORD:	Size: <u>2</u>	Set At: <u>1056</u>	Packer At: <u>1003</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input checked="" 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
			50	

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 checked="" 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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