

Confidentiality Requested
 Yes No

KCC WICHITA

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

ORIGINAL

Form ACO-1
August 2013

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

MAY 16 2014

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

OPERATOR: License # 34197
Name: Arbuckle Energy Inc.
Address 1: suite 305, 300 West Douglas
Address 2: _____
City: Wichita State: KS Zip: 67202
Contact Person: Terry Bayliss
Phone: (316) 361 0537
CONTRACTOR: License # 5495
Name: Mcpherson Drilling
Wellsite Geologist: Ben Landes
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 (Cora, 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
 Plug Back Conv. to GSW Conv. to Producer
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

05/15/2013 06/17/2013 09/02/2013
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-115-21447-00-00
Spot Description: _____
SE SW NE NW Sec. 028 Twp. 07 S. R. 04 East West
0 1270 Feet from North / South Line of Section
0 1700 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
Datum: NAD27 NAD83 WGS84
County: Marion
Lease Name: Novak Well #: HW5
Field Name: Lost springs
Producing Formation: Mississippian
Elevation: Ground: 1469 Kelly Bushing: 1474
Total Vertical Depth: 2516 Plug Back Total Depth 2516
Amount of Surface Pipe Set and Cemented at: 215 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: 1 ppm Fluid volume: 150 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 #: _____

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: [Signature]
Title: PRESIDENT Date: 05/15/14

KCC Office Use ONLY
 Confidentiality Requested
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 5/16/14

Operator Name: Arbuckle Energy Inc. Lease Name: Novak Well #: HW5
 Sec. 0 Twp. 0 S. R. 0 East West County: Marion

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:
 neutron
 Induction, sonic

Log Formation (Top), Depth and Datum Sample
 Name neutron Top Datum
 induction
 sonic

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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
longstring	7	4	11	2516	thickset	125	
SURFACE	12	8	18	215	thickset	80	

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift 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 (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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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 42834

LOCATION 180

FOREMAN Larry Stovens

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT-15-115-21447

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-25-13	1070	Novak 368-1	28	173	4E	Marion
CUSTOMER: <u>Humble Energy</u>			TRUCK #			
MAILING ADDRESS: <u>2914 Aloma St</u>			DRIVER			
CITY: <u>Wichita</u> STATE: <u>Ks</u> ZIP CODE: <u>67211</u>			TRUCK #			
JOB TYPE: <u> cement</u>			DRIVER			
HOLE SIZE: <u>6 1/4</u>			TRUCK #			
HOLE DEPTH: <u>2607</u>			DRIVER			
CASING SIZE & WEIGHT: <u>4 1/2 11.6</u>			TRUCK #			
CASING DEPTH: <u>2607</u>			DRIVER			
SLURRY WEIGHT: <u>14.5</u>			TRUCK #			
SLURRY VOL: <u>16</u>			DRIVER			
WATER gal/wk: _____			TRUCK #			
CEMENT LEFT in CASING: <u>120 ft.</u>			DRIVER			
DISPLACEMENT: <u>1172</u>			TRUCK #			
DISPLACEMENT PSI: <u>950</u>			DRIVER			
MIX PSI: <u>800</u>			TRUCK #			
RATE: <u>6 1/2 bbls</u>			DRIVER			
REMARKS: <u>Back at 1500 ft - 1/2 in. Prof at 2563662 ft 12 holes -</u>						
<u>Pump Sbk Freshwater Marcell OTO 368 ft - 3% CACL2 - 12 bbls</u>						
<u>Probs - Shut tubing line at 200 lbs.</u>						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	1075.00	1075.00
5466	50	MILEAGE	4.20	210.00
11043	70	slt ft	15.70	1099.00
1103	160	lbs CACL2	.73	124.80
3407	1	R. 1k Debris by	368.00	368.00
3502 C	5	80 vac	97.60	488.00
			<u>Subtotal</u>	<u>3336.80</u>
			SALES TAX	<u>95.45</u>
			ESTIMATED TOTAL	<u>3432.25</u>

AUTHORIZATION [Signature] 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.

KCC WICHITA

MAY 16 2014

RECEIVED



ENTERED

TICKET NUMBER 41588

LOCATION Eureka KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 65720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-13	1070	Noviak # 1	80	17S	4E	Marion
CUSTOMER Arbuckle Energy INC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 300 W. Douglas St # 305			445	Dave G		
CITY Wichita			479	Colby N		
STATE KS			93	Alan G	Mccoys Trucking	80 Bbl
ZIP CODE 67202						

JOB TYPE SP HOLE SIZE 11 1/4" HOLE DEPTH 215' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 214' 6L DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 14.5-15# SLURRY VOL 17 Bbl WATER gal/sk 640 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.6 Bbl DISPLACEMENT PSI --- MIX PSI --- RATE 5 Bbl/hr

REMARKS: Safety meeting, rig up to 8 5/8" casing, Break circulation pump 5 Bbl eye H2O, mixed 5 SKS Class "A" cement with 3% calcium, 2% gel & 1/4# Floccle/ft @ 14.5-15 #/gal. Displace w/ 12.6 Bbl H2O & shut casing in. Good circulation @ all times, 7 Bbl slurry to fit. Job complete.

KCC WICHITA

"Thanks Shannon & crew"

MAY 18 2014

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	50	MILEAGE	4.20	210.00
11045	80 SKS	Class "A" cement	15.70	1256.00
1102	230#	Calcium @ 3%	.78	179.40
1118B	155#	gel @ 2%	.22	34.10
1107	20#	Floccle @ 1/4 #/SK	2.47	49.40
5407	3.76 Tons	Ton mileage bulk Truck	m/c	368.00
5502C	1 1/2 hours	80 Bbl Vac. Truck # 83 mccoys Trucking	90.00	405.00
1123	3300 gal	city H2O		57.09
			Sub Total	3428.99
			7.8% SALES TAX	122.92
			ESTIMATED TOTAL	3551.91

Rev 3/7/07

259003

AUTHORIZATION [Signature] 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.