

Confidentiality Requested

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1
July 2014

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR License # 34912

Name C12 Kansas Oil, LLC

Address 1 1900 Wazee St

Address 2 Suite 200

City Denver State CO Zip 80202 + _____

Contact Person Tyson Taylor

Phone (720) 689-1107

CONTRACTOR: License # _____

Name _____

Wellsite Geologist _____

Purchaser _____

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): _____

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

Operator Continental

Well Name Boxberger J #6

Original Comp Date: 8/24/1941 Original Total Depth 3166

- Deepening
- Re-perf.
- Conv. to ENHR
- Conv. to SWD
- Plug Back
- Conv. to GSW
- Conv. to Producer

- Commingled
- Dual Completion
- SWD
- ENHR
- GSW
- Permit #: _____
- Permit #: _____
- Permit #: _____
- Permit # E-13980
- Permit #: _____

<u>9/22/2014</u>	<u>9/29/2014</u>	<u>9/30/2014</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 167-06058 0000

Spot Description _____

NE_NW_NE Sec. 26 Twp. 14 S R. 13 East West

4,950 Feet from North / South Line of Section

1,650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner

NE NW SE SW

GPS Location. Lat: 38.8119479, Long. -98.8417931
(e g xx xxxxx) (e g -xxx xxxxx)

Datum NAD27 NAD83 WGS84

County Russell

Lease Name: Boxberger J Well # 6

Field Name: Hall-Gurney

Producing Formation Tarkio

Elevation: Ground 1803 Kelly Bushing _____

Total Vertical Depth 3166 Plug Back Total Depth 2390

Amount of Surface Pipe Set and Cemented at 769 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: _____

Title: Operations Manager Date: 10/1/2014

KCC Office Use ONLY

Confidentiality Requested

Date _____

Confidential Release Date. _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III

Approved by: NJ Date 10-13-14

Received
KANSAS CORPORATION COMMISSION

OCT 06 2014

CONSERVATION DIVISION
WICHITA, KS

Operator Name C12 Kansas Oil, LLC Lease Name Boxberger J Well # 6
 Sec 26 Twp 14 S. R. 13 East West County Russell

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 <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
		10 3/4		769		Not available	
		5 1/2		2975		Not available	

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
	2358-2363	acid	

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 WICHITA, KS

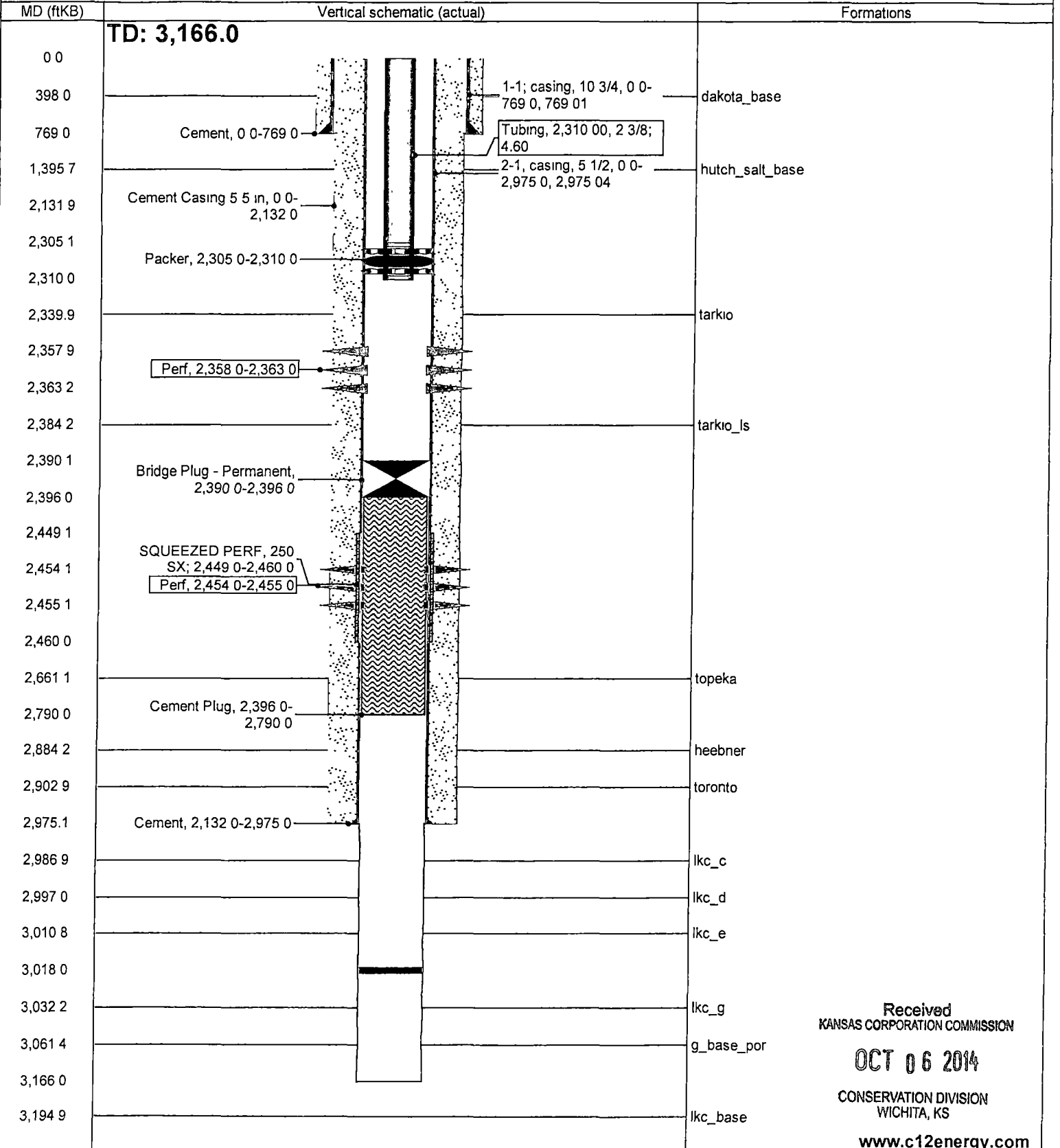
TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	2310	2310	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR	Producing Method			
10/3/2014	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio Gravity

DISPOSITION OF GAS	METHOD OF COMPLETION	PRODUCTION INTERVAL
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented Submit ACO-18)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf <input type="checkbox"/> Dually Comp (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	_____ _____

API/UWI 15-167-06058		User Text 1 GLM Company		Operator C12 Kansas Oil, LLC		Well Status Water Injector	
Rig Release Date 8/24/1941	Abandon Date	Latitude (°) 38° 48' 43 012" N	Longitude (°) 98° 50' 30 455" W	Surface Legal Location 14S 14W Sec 26 NE NW NE			

Comment
C12 Well Data Import

Original Hole, 10/1/2014 11 53 00 AM



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WICHITA, KS