

KCC WICHITA

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Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

AUG 08 2014

Form ACD-1 July 2014 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM CONSERVATION DIVISION WICHITA, KS WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34869 Name: Butler Petroleum LLC Address 1: 1246 Hodgins Rd. Address 2: Po Box 1385 City: Van Alstyne State: TX Zip: 75495 Contact Person: Brad Butler Phone: (972) 345-9195 CONTRACTOR: License # 34869 Name: Butler Petroleum LLC Wellsite Geologist: NA Purchaser: NA

API No. 15 091-24231-00-00 Spot Description: SE SW NW SW Sec. 9 Twp. 14 S. R. 22 East West 1,364 Feet from North / South Line of Section 4,867 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW GPS Location: Lat: Long: Datum: NAD27 NAD83 WGS84 County: Johnson Lease Name: Rankin Well #: 1-15 Field Name: Gardner Producing Formation: Bartlesville Elevation: Ground: 993 Kelly Bushing: 0 Total Vertical Depth: 940 Plug Back Total Depth: 918 Amount of Surface Pipe Set and Cemented at: 20 Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: 20 w/ 6 sx cnt.

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 (Coro. 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 #: 10/6/2013 Spud Date or Recompletion Date 10/7/2013 Date Reached TD 10/7/2013 Completion Date or Recompletion Date

Drilling Fluid Management Plan (Date must be collected from the Reserve Pit) Chloride content: 1500 ppm Fluid volume: 80 bbls Dewatering method used: Evaporated Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarier 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. Drift 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: Agent Date: 8/8/14

KCC Office Use ONLY Confidentiality Requested Date: Confidential Release Date: Wireline Log Received Geologist Report Received UIC Distribution Approved by: NS Date: 8-7-14

Operator Name: Butler Petroleum-LLC Lease Name: Rankin Well #: I-15
 Sec. 9 Twp. 14 S. R. 22 East West County: Johnson

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 Log Formation (Top), Depth and Datum Sample
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name GammaRay Top Datum

Cores Taken Yes No

Electric Log Run Yes No

List All E. Logs Run:

GammaRay/Neutron/CCL

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	12.75	11	28	20	Portland	6	50/50 POZ
Completion	6.75	2 3/4	10.5	918	Portland	103	50/50 POZ

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				

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		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Specify Footage of Each Interval Perforated			
4	838-848		2" DML RTG	10

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: Ventd Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 (If vented, Submit ACO-18.) (Submit ACO-5) (Submit ACO-4)

METHOD OF COMPLETION: _____ PRODUCTION INTERVAL: _____