

Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1251464

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASEOPERATOR: License # 34223Name: Utah Oil LLCAddress 1: 2394 UTAH RD

Address 2: _____

City: RANTOUL State: KS Zip: 66079 + _____Contact Person: Brad LeachPhone: (785) 878-3410CONTRACTOR: License # 34223Name: Utah Oil LLCWellsite Geologist: NA

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: Brad LeachWell Name: HobbsOriginal Comp. Date: 5/1/1980 Original Total Depth: 595

- ☐ 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 #: _____

5/1/2015Spud Date or
Recompletion Date

Date Reached TD

5/1/2015Completion Date or
Recompletion DateAPI No. 15 - 15-059-01216-00-02

Spot Description: _____

NW NW NW NW Sec. 20 Twp. 17 S. R. 21 ☒ East ☐ West5217 Feet from ☐ North / ☒ South Line of Section5199 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g., xx.xxxxx) (e.g., -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: FranklinLease Name: HOBBS Well #: 7

Field Name: _____

Producing Formation: SquirrelElevation: Ground: 878 Kelly Bushing: 0Total Vertical Depth: 595 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cm.

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 #: _____

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.

Submitted Electronically

KCC Office Use ONLY☒ Confidentiality RequestedDate: 05/04/2015☐ Confidential Release Date: _____☐ Wireline Log Received☐ Geologist Report Received☒ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 05/05/2015



1251464

Operator Name: Utah Oil LLC Lease Name: HOBBS Well #: 7
 Sec. 20 Twp. 17 S. R. 21 ☐ East ☐ West County: Franklin

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

NA Name NA Top NA 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

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 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	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 (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) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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