

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

Operator: License # Ø 3545Name: H-W OPERATING COMPANYAddress SUITE 1000, LANDMARK TOWERS, EAST  
3535 NW 58th. STREETCity/State/Zip OKLAHOMA CITY, OK 73112Purchaser: - NONE -Operator Contact Person: O. N. GOODE, JR.Phone (405)-949-0414Contractor: Name: BRANDT DRILLING CO., INC.License: 5840Wellsite Geologist: BRENT SALGAT

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☐ Oil ☐ SWD ☐ Temp. Abd.☐ Gas ☐ Inj ☐ Delayed Comp.☒ Dry ☐ Other (Core, Water Supply, etc.)If OWNO: old well info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

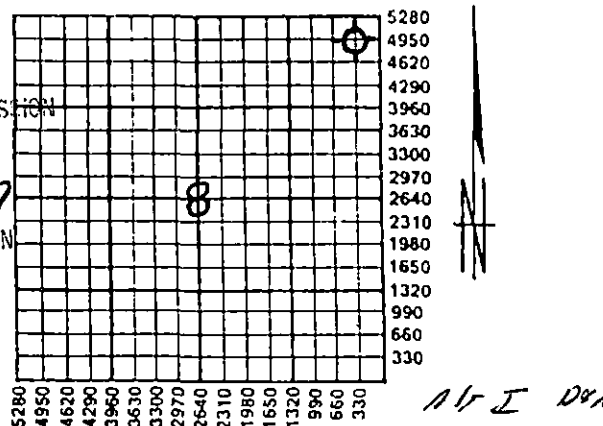
Drilling Method: ☒ Mud Rotary ☐ Air Rotary ☐ Cable10/27/89 11/10/89 11/11/89

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date \_\_\_\_\_

KCC  
KGO

**INSTRUCTIONS:** This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 O. N. Goode, Jr.Title ENGINEER Date 11/14/89Subscribed and sworn to before me this 14 day of November, 19 89.Notary Public William J. WilliamsDate Commission Expires January 27, 1990API NO. 15- 173-20,838-0000County SEDGWICKC- NE NE NE Sec. 8 Twp. 29S Rge. 1W X West4950 Ft. North from Southeast Corner of Section330 Ft. West from Southeast Corner of Section  
(NOTE: Locate well in section plat below.)Lease Name K. JAAX Well # 1-8Field Name NONE - WILLOCAT WELLProducing Formation - NONE -Elevation: Ground 1303.7 KB 1309'Total Depth 3978' PBTD 9'Amount of Surface Pipe Set and Cemented at 333 Feet  
CONDUCTOR PIPE AT 70 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.

|                                         |                                    |                                |
|-----------------------------------------|------------------------------------|--------------------------------|
| K.C.C. OFFICE USE ONLY                  |                                    |                                |
| <input checked="" type="checkbox"/> E   | Letter of Confidentiality Attached |                                |
| <input checked="" type="checkbox"/> C   | Wireline Log Received              |                                |
| <input type="checkbox"/> C              | Drillers Timelog Received          |                                |
| Distribution                            |                                    |                                |
| <input checked="" type="checkbox"/> KCC | <input type="checkbox"/> SWD/Rep   | <input type="checkbox"/> NGPA  |
| <input checked="" type="checkbox"/> KGS | <input type="checkbox"/> Plug      | <input type="checkbox"/> Other |
| (Specify)                               |                                    |                                |

FORM 1906 R-11

|                                                     |                                    |                                    |                                                                                            |                          |                                                                          |
|-----------------------------------------------------|------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------|
| WELL NO. — FARM OR LEASE NAME<br><b>K. Janx 1-8</b> |                                    | COUNTY<br><b>Sefton ck</b>         | STATE<br><b>KS</b>                                                                         | CITY / OFFSHORE LOCATION | DATE<br><b>11-11-88</b>                                                  |
| CHARGE TO<br><b>H.W. Operating</b>                  |                                    | OWNER                              | TICKET TYPE (CHECK ONE)<br>SERVICE <input type="checkbox"/> SALES <input type="checkbox"/> |                          | NITROGEN JOB<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ADDRESS<br><b>1000, 3535 NW 55th St</b>             |                                    | CONTRACTOR<br><b>Brantley Drly</b> | LOCATION<br><b>1 Eldorado</b>                                                              |                          | CODE<br><b>50305</b>                                                     |
| CITY, STATE, ZIP<br><b>OKlahoma City, OKla</b>      |                                    | SHIPPED VIA                        | FREIGHT CHARGES<br><input type="checkbox"/> PPD <input type="checkbox"/> COLLECT           | LOCATION<br><b>2</b>     | CODE                                                                     |
| WELL TYPE<br><b>DXA</b>                             | WELL CATEGORY<br><b>03 WINDCAT</b> | WELL PERMIT NO.                    | DELIVERED TO<br><b>Location</b>                                                            | LOCATION<br><b>3</b>     | CODE                                                                     |
| TYPE AND PURPOSE OF JOB<br><b>PLUG WELL</b>         |                                    | ORDER NO.<br><b>B-865430</b>       |                                                                                            | REFERRAL LOCATION        |                                                                          |

As consideration, the above-named Customer agrees to pay Halliburton in accordance with the rates and terms stated in Halliburton's current price lists. Invoices payable NET by the 20th of the following month after date of invoice. Upon Customer's default in payment of Customer's account by the last day of the month following the month in which the invoice is dated, Customer agrees to pay interest thereon after default at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event it becomes necessary to employ an attorney to enforce collection of said account, Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

Haliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. **THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE.** Haliburton's liability and customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials, at Haliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Haliburton be liable for special, incidental, indirect, punitive or consequential damages.

[illegible]

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO.

**B- 86343**

121020

**WAS JOB SATISFACTORILY COMPLETED?**

WAS OPERATION OF EQUIPMENT SATISFACTORY?

WAS PERFORMANCE OF PERSONNEL SATISFACTORY?

x O. N. Good, Jr.  
CUSTOMER OR HIS AGENT (PLEASE PRINT)

x D. G. Smith  
CUSTOMER OR HIS AGENT (SIGNATURE)

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

**HALLIBURTON  
APPROVAL**

**CUSTOMER**

**SUB  
TOTAL**

APPLICABLE TAXES WILL  
BE ADDED ON INVOICE.

FORM 1906 R-11

|                                               |                              |                    |                      |                                                                                                       |                                                                                     |
|-----------------------------------------------|------------------------------|--------------------|----------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| WELL NO. - FARM OR LEASE NAME<br>1-8 Jaa x    |                              | COUNTY<br>Sedgwick | STATE<br>KS          | CITY / OFFSHORE LOCATION                                                                              | DATE<br>10/27/89                                                                    |
| CHARGE TO<br>H & W Operating Co.              |                              |                    | OWNER<br>Same        | TICKET TYPE (CHECK ONE)<br>SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/> | NITROGEN JOB<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| ADDRESS                                       |                              |                    | CONTRACTOR<br>Brandt | 1 LOCATION<br>Winfield                                                                                | CODE<br>50375                                                                       |
| CITY, STATE, ZIP                              |                              |                    | SHIPPED VIA<br>93819 | FREIGHT CHARGES<br><input type="checkbox"/> PPD <input type="checkbox"/> COLLECT                      | 2 LOCATION<br>El Dorado                                                             |
| WELL TYPE<br>01 O.I.                          | WELL CATEGORY<br>03 Wild Cat | WELL PERMIT NO.    | DELIVERED TO<br>Loc  | 3 LOCATION                                                                                            | CODE<br>50305                                                                       |
| TYPE AND PURPOSE OF JOB<br>Oil Cement Surface |                              | B- 851744          | ORDER NO.            | REFERRAL LOCATION                                                                                     |                                                                                     |

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Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE, WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's liability and customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

[illegible]

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO

**B- 8517-49**

|      |    |
|------|----|
| 1664 | 94 |
|------|----|

**WAS JOB SATISFACTORILY COMPLETED?**

WAS OPERATION OF EQUIPMENT SATISFACTORY?

WAS PERFORMANCE OF PERSONNEL SATISFACTORY?

x O. N. GOODE, JR

X CUSTOMER OR HIS AGENT (PLEASE PRINT)  
X *D. A. [Signature]*  
CUSTOMER OR HIS AGENT (SIGNATURE)

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

George Gardner  
HALLIBURTON OPERATOR

**HALLIBURTON  
APPROVAL**

**CUSTOMER**

**SUB  
TOTAL**

APPLICABLE TAXES WILL  
BE ADDED ON INVOICE.

FORM 1906 R-11

|                                                |  |                            |              |                                                                                                       |                                                                                     |
|------------------------------------------------|--|----------------------------|--------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| WELL NO. - FARM OR LEASE NAME<br>1-9 K-Jaxx    |  | COUNTY<br>Seaford          | STATE<br>Ms. | CITY / OFFSHORE LOCATION                                                                              | DATE<br>10-26-89                                                                    |
| CHARGE TO<br>H+W Operating                     |  | OWNER<br>Same              |              | TICKET TYPE (CHECK ONE)<br>SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/> | NITROGEN JOB<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| ADDRESS                                        |  | CONTRACTOR<br>Brantley Co. |              | LOCATION<br>1 Winfield                                                                                | CODE<br>50375                                                                       |
| CITY, STATE, ZIP                               |  | SHIPPED VIA<br>Coke        |              | LOCATION<br>2                                                                                         | CODE                                                                                |
| WELL TYPE<br>01-Oil                            |  | WELL CATEGORY<br>01-Devel  |              | WELL PERMIT NO.                                                                                       | DELIVERED TO<br>Loc                                                                 |
| TYPE AND PURPOSE OF JOB<br>205-Print Condenser |  | ORDER NO.<br>B-840995      |              | LOCATION<br>3                                                                                         | CODE                                                                                |
|                                                |  |                            |              | REFERRAL LOCATION                                                                                     |                                                                                     |

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[illegible]

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO.

**B-840985**

|     |    |
|-----|----|
| 700 | 65 |
|-----|----|

WAS JOB SATISFACTORILY COMPLETED?

WAS OPERATION OF EQUIPMENT SATISFACTORY?

WAS PERFORMANCE OF PERSONNEL SATISFACTORY?

☒ Alfred Hall P  
CUSTOMER OR HIS AGENT (PLEASE PRINT)

x H-W. OPERATING C  
CUSTOMER OR HIS AGENT (SIGNATURE)

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

**HALLIBURTON  
APPROVAL**

**CUSTOMER**

**SUB .**  
**TOTAL**

APPLICABLE TAXES WILL  
BE ADDED ON INVOICE.