

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 7564  
Name: R&W Energies  
Address 1: % Diana Smith Accounting P.O.Box 427  
Address 2: \_\_\_\_\_  
City: Madison State: KS Zip: 66860 + \_\_\_\_\_  
Contact Person: Kevin F. Hough  
Phone: (620) 583 4785  
CONTRACTOR: License # 33900  
Name: Steven Leis  
Wellsite Geologist: Kevin F. Hough  
Purchaser: Kelly Maclaskey

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: R&W ENERGIES JAN 20 2012  
Well Name: SWD #1 D-31, 152 RECEIVED  
Original Comp. Date: 4-15-2012 Original Total Depth: 1132

Deepening  Re-perf.  Conv. to ENHR  Conv. to SWD  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled Permit #: \_\_\_\_\_  
 Dual Completion Permit #: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  
 GSW Permit #: \_\_\_\_\_  
4-17-2014 4-17-2014 4-18-2014  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 073-24172-00-06  
Spot Description: NW NW NW 23/24/9e  
NW NW NW Sec. 23 Twp. 24 S. R. 9  East  West  
150 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Greenwood  
Lease Name: Gray-Divine Well #: SWD #1  
Field Name: Thrall-Aggard  
Producing Formation: Douglas Sand  
Elevation: Ground: 1175 Kelly Bushing: 1177  
Total Depth: 1150 Plug Back Total Depth: 1133  
Amount of Surface Pipe Set and Cemented at: 40' 30sx Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1150  
feet depth to: Ground Level w/ 165 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: 1500 ppm Fluid volume: 200 bbls  
Dewatering method used: Let Dry and Backfill  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this 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. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of 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 geologist well report 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.

**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: Kevin F. Hough  
Title: Agent Date: 4/24/2012

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NLS Date: 2/27/16

Operator Name: R&W Energies Lease Name: Gray-Divine Well #: SWD #1  
 Sec. 23 Twp. 24 S. R. 9  East  West County: Greenwood

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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

Electric Log Submitted Electronically  Yes  No  
 (If no, Submit Copy)

List All E. Logs Run:  
**Gamma Ray-Neutron**  
**Cement Bond Log**

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
Winfield	915	
Douglas Sand	1046	

**KCC WICHITA**  
**JAN 28 2016**  
**RECEIVED**

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	8 3/4	7" surface	20lb/ft	40'	common	30	
Production	5 7/8	2 7/8	6lb/ft	1133	60/40 Poz	165	4% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	N/A			
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	N/A			
<input type="checkbox"/> Plug Off Zone				

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
2 Shots/FT	1056-1066 1078-1088 1095-1105	300 gal/15% Mud Acid and 25 bbl	1056-
	1108-1118 13shots 1120-1126	water	to 1126
	97 total shots		

**KCC WICHITA**  
**JAN 20 2016**  
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TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: **SWD**

Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
			100 bbl/day		

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. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4)	<u>Disposal</u>
	<input type="checkbox"/> Other (Specify) _____	