

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1155249
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: _____

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 #: _____

| | | |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
|-----------------------------------|-----------------|---|

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

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

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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 #: _____

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 Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1155249

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Electric Log Run | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |

| 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 |
| <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 <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 19, 2013

Dennis D. Hodges
Hodges, Dennis D. and/or Peggy D.
1827 Rd Z
Reading, KS 66868

Re: ACO1
API 15-031-23494-00-00
Wilson 1
NE/4 Sec.11-21S-13E
Coffey County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Dennis D. Hodges



ENTERED

TICKET NUMBER 41424

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

API 15-031-23494 CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------|------------|--------------------|---------|----------|---------|--------|
| 4/13/13 | 9999 | Wilson #1 | 11 | 21S | 13E | Coffey |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS | | | 485 | Alan M | | |
| 1827 Rd 2 | | | 667 | Chris B | | |
| CITY | STATE | ZIP CODE | | | | |
| Reading | KS | 66888 | | | | |

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 162' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 150' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 8 1/2 bbl/r DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 3 bbls Freshwater. Mix 100sks Class A Cement w/ 32% cocl2, 2% Gel. Displace with 8 1/2 bbls Freshwater. Shut well in. Good cement returns to surface. 3 1/2 bbl slurry to pit. Job complete Rig down

Thank you

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--|-------------------|------------------------------------|-----------------|---------|
| 5405 | 1 | PUMP CHARGE | 823.00 | 823.00 |
| 5406 | 45 | MILEAGE | 4.00 | 180.00 |
| 11045 | 100 SKS | Class A Cement | 14.95 | 1495.00 |
| 1102 | 280 # | Cocl2 3% | .74 | 207.20 |
| 11283 | 188 # | Gel 2% | .21 | 39.48 |
| 5407 | 407 TONS | Ten Mileage Bulk Truck | MIC | 350.00 |
| 590 (160.35) \$ 3046.09 PD 4-11-13 # 2002 | | | | |
| | | | Sub Total | 3096.68 |
| | | | SALES TAX 6.3% | 109.73 |
| | | | ESTIMATED TOTAL | 3206.41 |

Ravin 3737

AUTHORIZATION David [Signature]

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

API # 15-031-23494

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 41497 ✓
LOCATION Eureka KS
FOREMAN Shannon Felk

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|------------------------------|------------|--------------------|----------------------|----------|----------------|--------|
| 4-17-13 | 9999 | Wilson #1 | 11 | 215 | 13E | Coffey |
| CUSTOMER Dennis Hodges | | | 3 Rivers Exploration | | | |
| MAILING ADDRESS 1827 Rd Z | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| CITY Reading | | | 445 | Dave G | | |
| STATE KS | | | 667 | Chris B | | |
| ZIP CODE 66888 | | | #92 | Alan G | McLoy Trucking | |

JOB TYPE 45 HOLE SIZE 7 7/8" HOLE DEPTH 1824' CASING SIZE & WEIGHT 5 1/2" @ 17#
 CASING DEPTH 1809.8' 6.2 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 # SLURRY VOL 48 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 43 Bbl DISPLACEMENT PSI 500 MIX PSI Bump Plug @ 1000 RATE 5 BPM

REMARKS: Safety Meeting, Rig up to 5 1/2" casing, Break circulation w/ 5 Bbl H2O. mixed 100 # Caustic Soda pre flush w/ 12 Bbl H2O, 10 Bbl H2O spacer. Mixed 140 SKS Thick set cement w/ 5 # Kol-seal/SK. Shut down wash out pump & lines, displace w/ 43 Bbl H2O. Final pumping pressure of 500 PSI, bumped plug @ 1000 PSI. Plug & float held. Good circulation @ all times while cementing. Job complete.

"Thanks Shannon & crew"

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|--|------------|---------|
| 5401 | 1 | PUMP CHARGE | 1030.00 | 1030.00 |
| 5406 | 45 | MILEAGE | 4.00 | 180.00 |
| 1126A | 140 SKS | Thick set cement | 19.20 | 2688.00 |
| 1110A | 700 # | Kol-seal @ 5 #/SK | .46 | 322.00 |
| 1103 | 100 # | Caustic Soda pre flush (12 Bbl) | 1.61 | 161.00 |
| 5407A | 7.7 TONS | Ton mileage bulk Truck | 1.34 | 464.31 |
| 5502C | 4 Hrs | 80 Bbl Val Truck # 92 McLoy Trucking | 90.00 | 360.00 |
| 1123 | 3000 gal | city water | 16.5/1000 | 49.50 |
| 4104 | 1 | 5 1/2" cement Basket | 229.00 | 229.00 |
| 4130 | 5 | 5 1/2" centralizers | 48.00 | 240.00 |
| 4159 | 1 | 5 1/2" AFV Float shoe | 344.00 | 344.00 |
| 4454 | 1 | 5 1/2" Latch down Plug | 254.00 | 254.00 |
| | pd check # | Ticket # 41424 41424 \$ 3206.41 5/1 | | |
| | | Ticket # 41497 \$ 6591.92 4/5 | | |
| | 2022 | Total \$ 9798.33 | | |
| | | - 5% disc 489.92 | | |
| | | = 9308.41 6.30% | | |
| | | Sub Total | | 6321.81 |
| | | SALES TAX | | 270.11 |
| | | ESTIMATED TOTAL | | 6591.92 |

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
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Mark Sievers, Chairman
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Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 20, 2013

Dennis D. Hodges
Hodges, Dennis D. and/or Peggy D.
1827 Rd Z
Reading, KS 66868

Re: ACO-1
API 15-031-23494-00-00
Wilson 1
NE/4 Sec.11-21S-13E
Coffey County, Kansas

Dear Dennis D. Hodges:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 4/12/2013 and the ACO-1 was received on August 19, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department