Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes No

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 #		API No. 15				
Name:		Spot Description:				
Address 1:		SecTwpS. R				
Address 2:		Feet from North / South Line of Section				
City: State: 2	Zip:+	Feet from _ East / _ West Line of Section				
Contact Person:		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()		□NE □NW □SE □SW				
CONTRACTOR: License #		GPS Location: Lat:, Long:				
Name:		(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
New Well Re-Entry	Workover	Field Name: Producing Formation:				
Oil WSW SWD	SIOW	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:				
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet				
Operator:		If Alternate II completion, cement circulated from:				
Well Name:		feet depth to:w/sx cmt.				
Original Comp. Date: Original						
Deepening Re-perf. Conv. to I	<u>.</u>	Drilling Fluid Management Plan				
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
	_	Chloride content:ppm Fluid volume:bbls				
		Dewatering method used:				
		Downtoning motion dood.				
		Location of fluid disposal if hauled offsite:				
		Operator Name:				
GSW Permit #:		Lease Name: License #:				
Canad Data as Data Data LTD	Completion Data and	Quarter Sec Twp S. R				
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date	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:					

1200266 CORRECTION #1

Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	ronic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
		1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD Footage of Eac					cture, Shot, Cement			epth
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. F	Producing Met	hod: Pumpin	a	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-3
Doc ID	1200266

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Portland	7	50/50 POZ
Completio n	5.6250	2.8750	8	416	Portland	80	50/50 POZ

Summary of Changes

Lease Name and Number: Schuknecht V-3

API/Permit #: 15-121-29824-00-00

Doc ID: 1200266

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/15/2014	04/17/2014
Date of First or Resumed Production or SWD or Enhr		1/17/2014
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 99798	//kcc/detail/operatorE ditDetail.cfm?docID=12 00266



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1199798

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 & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	Countv: 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 Approved by: Date:					

KOLAR Document ID: 1199798

Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a Does the volume Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:				
TODING RECORD:	. 3126.	Set	n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-3
Doc ID	1199798

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	334-344	2" DML RTG	10

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-3
Doc ID	1199798

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Portland	7	50/50 POZ
Completio n	5.6250	2.8750	8	416	Portland	80	50/50 POZ

HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

Schuknecht #V-3 API # 15-121-29824-00-00 SPUD DATE 1-16-14

2 9 29 61 71 76 11 12 13 16 17	6 6 10 26	Formation Topsoil clay shale lime shale lime shale lime shale lime shale lime shale	Thickness 2 7 20 32 10 5 34 16 11 29 6 27 6	Set 21' of 8 5/8' TD 425' Ran 417' of 4 1/2 on 1-17-14
21 33 31 31 31 31 31	15 14 34 37 39 42 77 91	shale lime shale oil sand/shale oil sand sand/shale shale lime shale	9 120 3 2 3 35 14 34	good odor, little show good odor, good show



265496

LOCATION Oxfava KS
FOREMAN Fred Made

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

FIELD TICKET & TREATMENT REPORT

2/	CUSTOMER#	WELL	NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
I~ I7- IY CUSTOMER	८५६उ	Schutk	weight 2	₽V-3	NEZD	1720	23 @	mı
	- D 4 . 1		00 110		TRUCK#	DRIVER	TOUGH	
MAILING ADDRE	ST Patrol	leum at	KIS LLC				TRUCK#	DRIVER
			A very		7/2	FreMod		
CITY	9 N.A	STATE	ZIP/CODE	=	495	HarBec		
Highla	53	UT	83/003		370	Jas Ric		
JOB TYPE LA		HOLE SIZE			TH 425	Sex Tic	EIGHT 4/2	
(1 m)					5@ 385'			
CASING DEPTH			<u>arries</u>		l/sk	CEMENT LEFT In	OTHER	× 01.2
SLURRY WEIGH		DISPLACEMENT	E.S.		ll/SK	RATE SBP	M	V FILE
DISPLACEMENT	0.0000		The state of the s	_ MIX PSI		3.700	1.46	~1 ,
	of arem	meeting.	F 51001	Sh CIVS	colation. M			- lush.
A	Pump 2	.5 BBC	1 ell ha	a dye.	Follow w/	80 5K	50/50	
Poz	mx Ce	munx de	to Crel 2	to Call	cron Chlor	do. 14 7 F1	0 5000/5	14.
F / v.	sh pump	+ lines	clear	(2) 12	place 4/2"	tobber p	lug XI	
	Ba++1-	m (as)	uz. I	rescu	c to 600	- 131. Ke	lease pie	55445
	ex floax	Valve	Shut	m. Cas	M			
							P-32	
	7					/ 0 141 0		
Ho	* Drill	409				in a Wad	<u></u>	
		<u> </u>						
				2007				
ACCOUNT CODE	QUANITY	or UNITS		ESCRIPTION	of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
CODE	QUANITY	or UNITS	PUMP CHAR		of SERVICES or PRO	495°	UNIT PRICE	
S401	QUANITY				of SERVICES or PRO		UNIT PRICE	\0 82 to
5401 5406		1 2 30 mi	PUMP CHAR MILEAGE	GE		495	UNIT PRICE	10 85 80
5401 5406 5402		1 3 30 mi	PUMP CHAR	GE 2 Footag		495 498	UNIT PRICE	1085 ED
5401 5401 5406 5402 5407	Minin	1 30 mi 416 mum	PUMP CHAR MILEAGE Cas:	GE Thootog		495 495 570	UNIT PRICE	1085 to 1000
5401 5406 5402	Minin	1 3 30 mi	PUMP CHAR MILEAGE Cas:	GE 2 Footag		495 498	UNIT PRICE	1085 ED
5401 5401 5406 5402 5407	Minin	1 30 mi 416 mum	PUMP CHAR MILEAGE Cas:	GE Thootog		495 495 570	UNIT PRICE	1085 to 1000 1000 1000 1000 1000 1000 1000 1
5401 5401 5406 5407 5507	Minin	1 30 mi 416 mum 2hrs	PUMP CHAR MILEAGE Cas: Ton 60 (Miles BL Vac	Trock	495 495 570	UNIT PRICE	186 00 186000 186000 180000
5401 5406 5402 5407 5502C	minix	1 30 mi 416 mum Jhrs Bosks	PUMP CHAR MILEAGE Casim For For	Miles BBL Vac	Trock Coment	495 495 570		18600 18600 18000 18000
5401 5406 5407 5407 5502C	minix	2 30 mi 416 Mum 2hrs 805/45	PUMP CHAR MILEAGE Casing Ton 60 (Miles BL Vac	Trocke Trocke	495 495 570	UNIT PRICE	1085 m 10600 10000 18000 18000 90000
5401 5406 5402 5407 5502C	minix	1 30 mi 416 Mum 2hrs 805/45 235#	PUMP CHAR MILEAGE Casim For For 50/50 Pressur Cálci	Por Miles	Trocke Trocke	495 495 570		1085 00 100 100 100 100 100 100 100 100 100
5401 5406 5407 5407 5507 1124 1168 1102	minix	1 30 mi 416 mum Jhrs Bosks	PUMP CHAR MILEAGE Casin For For Frem Cálcis	Miles BL Vac Por Miles	Trock Trock Trock Trock Trock Trock Trock	495 495 570		1085 th 1016 th 100 th
5401 5401 5401 5407 5502C	minix	1 30 mi 416 Mum 2hrs 805/45 235#	PUMP CHAR MILEAGE Casin For For Frem Cálcis	Por Miles	Trock Trock Trock Trock Trock Trock Trock	495 495 570		1085 00 100 100 100 100 100 100 100 100 100
CODE S401 5401 5407 5507 5507 1124 1108 1102 1107	minix	1 30 mi 416 Mum 2hrs 805/45 235#	PUMP CHAR MILEAGE Casin For For Frem Cálcis	Miles BL Vac Por Miles	Trock Trock Trock Trock Trock Trock Trock	495 495 570		1085 100 100 100 100 100 100 100 100 100 10
CODE S401 5401 5407 5507 5507 1124 1108 1102 1107	minix	1 30 mi 416 Mum 2hrs 805/45 235#	PUMP CHAR MILEAGE Casin For For Frem Cálcis	Miles BL Vac Por Miles	Trock Trock Trock Trock Trock Trock Trock	495 495 570		1085 100 100 100 100 100 100 100 100 100 10
CODE S401 5401 5407 5507 5507 1124 1108 1102 1107	minix	1 30 mi 416 Mum 2hrs 805/45 235#	PUMP CHAR MILEAGE Cas:no For For Frem Cálc:	Miles BL Vac Por Miles	Trocke 1/x Coment isl lovide Plog	495 495 570		1085 100 100 100 100 100 100 100 100 100 10
CODE S401 5401 5407 5507 5507 1124 1108 1102 1107	minix	1 30 mi 416 Mum 2hrs 805/45 235#	PUMP CHAR MILEAGE Cas:no For For Frem Cálc:	Miles BL Vac Por Miles	Trock Trock Trock Trock Trock Trock Trock	495 495 570		1085 100 100 100 100 100 100 100 100 100 10
5401 5406 5407 5407 5507 1124 1168 1102	minix	1 30 mi 416 MUM 2hrs 605/45 235# 135# 20#	PUMP CHAR MILEAGE Cas:no For For Frem Cálc:	Miles BL Vac Por Miles	Trocke 1/x Coment isl lovide Plog	495 495 570		1085 100 100 100 100 100 100 100 100 100 10
CODE S401 5401 5407 5507 5507 1124 1108 1102 1107	minix	1 30 mi 416 Mum 2hrs 805/45 235#	PUMP CHAR MILEAGE Cas:no For For Frem Cálc:	Miles BL Vac Por Miles	Trocke 1/x Coment isl lovide Plog	495 495 370 370		1085 00 100 100 100 100 100 100 100 100 100
CODE S401 5401 5407 5502C 1124 1168 1102 1107 1404	minix	1 30 mi 416 MUM 2hrs 605/45 235# 135# 20#	PUMP CHAR MILEAGE Cas:no For For Frem Cálc:	Miles BL Vac Por Miles	Trocke 1/x Coment isl lovide Plog	495 495 570	SALES TAX	1085 100 100 100 100 100 100 100 100 100 10
CODE S401 5401 5407 5507 5507 1124 1168 1102 1107	minix	1 30 mi 416 MUM 2hrs 605/45 235# 135# 20#	PUMP CHAR MILEAGE Cas:no For For Frem Cálc:	Miles BL Vac Por Miles	Trocke 1/x Coment isl lovide Plog	495 495 370 370		1085 00 100 100 100 100 100 100 100 100 100

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.