



Confidentiality Requested:

Yes No

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: _____



1150975

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top 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
<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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Gooch 1-8
Doc ID	1150975

Tops

Name	Top	Datum
Base Heebner	4314'	(-1312')
Toronto	4324'	(-1322')
Lansing	4429'	(-1427')
Marmaton	5124'	(-2192')
Base/Cherokee Shale	5598'	(-2596')
Atoka	5759'	(-2757')
Morrow Shale	5924'	(-2922')
Chester C Lime	6354'	(-3352')
Ste Genevieve	6654'	(-3561')
St. Louis	6726'	(-3724')

Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Gooch 1-8
Doc ID	1150975

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	65	40	Grout	50	
Surface	12.25	8.625	24	1660	A-Con	400	2% CC
Surface	12.25	8.625	24	1660	Premium	150	2% CC
Production	7.875	5.5	15.5	6722	A-Con	75	
Production	7.875	5.5	15.5	6722	AA-2	175	

Summary of Changes

Lease Name and Number: Gooch 1-8

API/Permit #: 15-189-22794-00-00

Doc ID: 1150975

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/27/2013	07/10/2013
Disposition Of Gas - Sold	No	Yes
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1149307	../..kcc/detail/operatorEditDetail.cfm?docID=1150975



CONFIDENTIAL

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Gooch 1-8
Doc ID	1149307

Tops

Name	Top	Datum
Base Heebner		
Toronto		
Lansing		
Marmaton		
Base/Cherokee Shale		
Atoka		
Morrow Shale		
Chester C Lime		
Ste Genevieve		
St. Louis		

Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Gooch 1-8
Doc ID	1149307

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	6564-6576	A/1500 gal 7 1/2% NEFE	
		FRAC w/16000 gal GEL 4% KCL	
		16000# 20/40 Sand	
		6000# 16/30 Sand	
		464,000 Scf N2	

Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Gooch 1-8
Doc ID	1149307

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	65	40	Grout	50	
Surface	12.25	8.625	24	1660	A-Con	400	2% CC
Surface	12.25	8.625	24	1660	Premium	150	2% CC
Production	7.875	5.5	15.5	6722	A-Con	75	
Production	7.875	5.5	15.5	6722	AA-2	175	



Cement Report

Customer	Mid Western Exploration	Lease No.		Date	4-4-13
Lease	Booch	Well #	1-8	Service Receipt	04089
Casing	5 1/2	Depth	6200	County	Stevens
Job Type	242 Long String	Formation		State	KS
				Legal Description	8-35-35

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 15.5#	Tubing Size		Lead 75 SKS A-con 2% Calcium Chloride, 1/4# Polyflake Tail in 175 SKS AA2 Cement 5% W-60, 10% SAIT, PIC-15, 1/4# De foamer, 5# Wilsonite
Depth	6725'	Depth	53.41'	
Volume	159 bbls	Volume		
Max Press	2000	Max Press		
Well Connection	5 1/2	Annulus Vol.		
Plug Depth	6683'	Packer Depth		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1700					Arrived On Location
1710					Safety Meeting, Rig up
1700					Rig running Casing
1925					Circulate with rig
1930					Hook up to BE'S
2000	2000		1.5	1.5	Pressure Test
2010	420		5	4bpm	Pump Water Spacer
2015	400		12	4	Pump Super flush
2020	350		5	4	Pump Water Spacer
2025	300		13	5	Pump Cement 75 SKS at A-con @ 11.4
2030	200		47	5	Pump Cement 175 SKS of AA2 Cement @ 14.8
2100					Drop Plug Wash up
2105	300		149	6	Displace
2125	850		10	2	Slow Down
2130	1400		11	11	Land Plug - Float Held
					Plug Seat + Moore Hole
					Job Complete
					THANKS FOR USING BASIC Energy Services

Service Units	78936	70897-19570	143521-19578		
Driver Names	I-Chavez	Ruben	Hecker-R		

Billy _____ Customer Representative
 Jerry Bennett _____ Station Manager
 Ismael Chavez/Ruben _____ Cementer
 Taylor Printing, Inc.

SouthWest Acid Services, LLC

TREATMENT REPORT

Customer MIDWESTERN EXPLORATION		Lease Name GOOCH	
Date 4-16-13		Well # 1-8	Legal Description
Ticket # 3227	Formation CHESTER SAND	Casing 5 1/2	Tubing 2 3/8
Job Type Acid Ball Out		County & State STEVENS KANSAS	
5/2 Casing Size	Pipe Date 2 3/8	Perforating Date Shots/Ft	Customer Billy Daugherty
Depth	Depth	From 6564'	To
Volume	Volume	From	To
Max PSI	Max PSI	From	To
Well Connection	Annulus Volume	From	To
Plug Depth	Packer Depth 6520'	From	To
Treater D MORRIS	Acid 7 1/2%	Fluids Type NEFE	Volume 1500g
Driver J DAY	Flush	Type Ka	Volume 5000g
Truck 3-3T	2%	Ka	5000g
Treatment Resume			
		Rate	Pressure
Max	3.6	2323	ISIP 700
Min	.5	1.5	5 Min 190
Avg	3	1600	10 Min VAC
N2 Volume			15 Min 1
			Total Load 62.2 GAL

Time	Casing Pressure	Tubing Pressure	Bbl Pumped	Rate	Jog Log
					ON LOCATION
					SAFETY MEETING
845	0		0 GAL	3.8	LOAD ANNULUS
907	500		81.8	.5	LOADSD
915		50	0 GAL	3.7	START ACID ↓ TRNG
		50	5	2.8	START BALLS
925		2323	24.4	1.7	HOLE LOADSD
		1380	25	1.5	FORMATION BOOKS
930		1400	36	2.8	START FLUSH
		1500	38	3	RATE ESTABLISHED
939		1920	62.2	3.5	SHUT DOWN - JOB COMPLETE
		500			ISIP
					THANK YOU FOR CALLING
					SOUTHWEST ACID SERVICES
					DICK & JACOB

Liberal Office Machines



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Midwestern Exploration</i>	Lease No.	Date <i>3/29/13</i>
Lease <i>Gooch</i>	Well # <i>1-8</i>	Service Receipt
Casing <i>4 5/8</i>	Depth <i>1660'</i>	County <i>Stevens</i> State <i>Ks</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>8-35-35</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>400 SK A-Com</i>
Depth <i>1659'</i>	Depth	From	To	<i>@ 11.4#</i>
Volume <i>102.8</i>	Volume	From	To	<i>2.95 18.10</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>150 SK</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>P.P. @ 14.8#</i>
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30</i>					<i>on loc, spot & R.V., surface mfg</i>
<i>14:05</i>	<i>2200</i>				<i>Test Lines</i>
<i>14:06</i>	<i>180</i>		<i>10</i>	<i>4</i>	<i>Pump stop loss</i>
<i>14:10</i>	<i>210</i>		<i>0</i>	<i>5</i>	<i>Start mixing @ 11.4#</i>
<i>14:31</i>	<i>180</i>		<i>20</i>	<i>4</i>	<i>on tail @ 14.8#</i>
<i>14:53</i>	<i>0</i>		<i>36</i>	<i>0</i>	<i>Finished mixing, Drop Plug</i>
<i>14:56</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>Start disp, washup</i>
<i>15:04</i>	<i>420</i>		<i>82</i>	<i>2</i>	<i>Slow Rate</i>
<i>15:18</i>	<i>580-1200</i>		<i>102</i>	<i>0</i>	<i>Plug Down</i>
<i>15:20</i>	<i>0</i>				<i>Release Ps., float held</i>

Service Units	<i>748939</i>	<i>3921339726</i>	<i>1962719566</i>	<i>3202114284</i>
Driver Names	<i>Chavez</i>	<i>R. Ochs</i>	<i>S. Chavez</i>	<i>H. Rutledge</i>

Billy Daugherty Customer Representative *Derry Bennett* Station Manager *Chavez* Cementer

Customer Midwestern Exploration	Lease No.	Date 4-19-13
Lease Gooch	Well # 1-8	
Field Order # 2141	Station 1717	Casing 5 1/2
		Depth 6576
Type Job Z-BZ	Formation Chester Sand	County Stevens
		State KS
		Legal Description Sec 8-35S-35W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft 6		Acid		RATE	PRESS	ISIP 3131
Depth 6576	Depth	From 6564	To 6576	Pre Pad		Max 15	3431	5 Min. 2356
Volume 136.51	Volume	From	To	Pad 10,000 gal (60# F₉₀)		Min 6.0	340	10 Min. 2156
Max Press 3500	Max Press	From	To	Frac 17,000 gal (60# ANZ Form)		Avg 15	2900	15 Min. 2024
Well Connection Stringer	Annulus Vol.	From	To			HHP Used		Annulus Pressure 0
Plug Depth	Packer Depth	From	To	Flush 4578 gal 30# ANZ Form		Gas Volume		Total Load 381

Customer Representative B. J. Deherly	Station Manager Jerry Bennett	Treater Stortz
Service Units 70230 70192 12945 30325 20394 12979 70330 39878		
Driver Names Hector JuanaG Evar Greg Carlos JuanaG		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
7:00					On location
7:10					Safety Meeting & Rig up
10:10	3500				Prime up Ps: Test
10:17	340			3.0	Start 10,000 gal Pad
10:19	833		19	6.0	Loaded
10:21	1415		26	15	established Rate
10:32	3041		95	15	Start 3,000 gal 1# 20/40
10:37	3105		125	15	Start 5,000 gal 1 1/2# 20/40
10:42	2958		157	15	1# 20/40 OIB
10:45	2904		176	15	Start 4,000 gal 2# 20/40
10:47	2899		187	15	1 1/2# 20/40 OIB
10:51	2969		218	15	Start 3,000 gal 2 1/2# 20/40
10:53	3116		238	15	2# 20/40 OIB
10:55	3172		250	15	Start 2,000 gal 3# 16/30 Resin
10:58	2955		272	15	Start Flush
10:59	2955		280	15	2 1/2 20/40 OIB
11:02	2955		312	15	3# 16/30 Resin OIB
11:09	3431		381		Shut Down
11:09	3131				ISIP
11:14	2356				5
11:19	2156				10

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

June 26, 2013

Dale J Lollar, President
Midwestern Exploration Company
3500 S BOULEVARD STE 2B
EDMOND, OK 73013-5487

Re: ACO1
API 15-189-22794-00-00
Gooch 1-8
SW/4 Sec.08-35S-35W
Stevens 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,
Dale J Lollar, President