



Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1219932

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be FilledWELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 35047

Name: Gillett, Denney

Address 1: 2530 DELAWARE RD

Address 2:

City: POMONA State: KS Zip: 66076 +

Contact Person: Denney Gillett

Phone: ( 785 ) 566-3866

CONTRACTOR: License # 32834

Name: JTC Oil, Inc.

Wellsite Geologist: NA

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 #: \_\_\_\_\_

5/28/2014 5/30/2014 5/30/2014

Spud Date or Date Reached TD Completion Date or

Recompletion Date Recompletion Date

API No. 15 - 15-059-26686-00-00

Spot Description:

NW SE NW NW Sec. 8 Twp. 18 S. R. 21 ☒ East ☐ West4292 Feet from ☐ North / ☒ South Line of Section4292 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: Franklin

Lease Name: Roberson Well #: I-1

Field Name:

Producing Formation: Squirrel

Elevation: Ground: 1020 Kelly Bushing: 0

Total Vertical Depth: 700 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from:

feet depth to: 20 w/ 6 sx cmt.

## Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls

Dewatering method used: Evaporated

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: 07/21/2014
- ☒ Confidential Release Date: 07/20/2016
- ☒ Wireline Log Received
- ☐ Geologist Report Received
- ☒ UIC Distribution
- ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 08/22/2014

Operator Name: Gillett, Denney Lease Name: Roberson Well #: I-1  
Sec. 8 Twp. 18 S. R. 21 ☒ East ☐ West County: Franklin

**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<br>(Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No | Name<br>GammaRay             | Top                              | Datum                           |
| Cores Taken                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                              |                                  |                                 |
| Electric Log Run                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |                                  |                                 |
| List All E. Logs Run:                                |                                                                     |                              |                                  |                                 |
| GammaRay/Neutron/CCL                                 |                                                                     |                              |                                  |                                 |

**CASING RECORD** ☒ New ☐ 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           | 9                 | 7                         | 10                | 20            | Portland       | 6            | 50/50 POZ                  |
| Completion        | 5.6250            | 2.8750                    | 8                 | 720           | Portland       | 107          | 50/50 POZ                  |
|                   |                   |                           |                   |               |                |              |                            |

**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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| 3              | 626.5-643                                                                                 | 2" DML RTG                                                                        | 16.5  |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

|                |       |         |            |                                                                     |
|----------------|-------|---------|------------|---------------------------------------------------------------------|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|-------|---------|------------|---------------------------------------------------------------------|

|                                                 |                                                                                                                                                                         |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                   |           |         |             |               |         |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

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

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Gillett, Denney        |
| Well Name | Roberson I-1           |
| Doc ID    | 1219932                |

#### Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Surface           | 9                 | 7               | 10     | 20            | Portland       | 6                    | 50/50 POZ                  |
| Completion        | 5.6250            | 2.8750          | 8      | 720           | Portland       | 107                  | 50/50 POZ                  |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |

## Summary of Changes

Lease Name and Number: Roberson I-1

API/Permit #: 15-059-26686-00-00

Doc ID: 1219932

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name    | Previous Value                                              | New Value                                                   |
|---------------|-------------------------------------------------------------|-------------------------------------------------------------|
| Approved Date | 07/22/2014                                                  | 08/22/2014                                                  |
| Save Link     | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1210389 | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1219932 |
| Well Type     | EOR                                                         | OIL                                                         |

Confidentiality Requested:

☒ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1210389

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 # 35047

Name: Gillett, Denney

Address 1: 2530 DELAWARE RD

Address 2:

City: POMONA State: KS Zip: 66076 +

Contact Person: Denney Gillett

Phone: ( 785 ) 566-3866

CONTRACTOR: License # 32834

Name: JTC Oil, Inc.

Wellsite Geologist: NA

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 #:

5/28/2014 5/30/2014 5/30/2014  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-059-26686-00-00

Spot Description:

NW SE NW NW Sec. 8 Twp. 18 S. R. 21 ☒ East ☐ West

4292 Feet from ☐ North / ☒ South Line of Section

4292 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: Franklin

Lease Name: Roberson Well #: I-1

Field Name:

Producing Formation: Squirrel

Elevation: Ground: 1020 Kelly Bushing: 0

Total Vertical Depth: 700 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from:

feet depth to: 20 w/ 6 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls

Dewatering method used: Evaporated

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: 07/21/2014  
☐ Confidential Release Date:   
☒ Wireline Log Received  
☐ Geologist Report Received  
☒ UIC Distribution  
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 07/22/2014

Operator Name: Gillett, Denney Lease Name: Roberson Well #: I-1  
 Sec. 8 Twp. 18 S. R. 21 ☒ East ☐ West County: Franklin

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

| CASING RECORD <input checked="" 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                                                                             | 9                 | 7                         | 10                | 20            | Portland       | 6            | 50/50 POZ                  |
| Completion                                                                          | 5.6250            | 2.8750                    | 8                 | 720           | Portland       | 107          | 50/50 POZ                  |
|                                                                                     |                   |                           |                   |               |                |              |                            |

| 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:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |             |               |         |
| Estimated Production Per 24 Hours                                   | Oil Bbls. | Gas Mcf                                                                                                                                                                 | Water Bbls. | Gas-Oil Ratio | Gravity |

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

| Shots Per Foot                                   | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|--------------------------------------------------|-----------------|--------------------|------------------|--------------------|---------------------------------------------------------------------------------------------|
| 3                                                |                 |                    |                  |                    | 2" DML RTG                                                                                  |
|                                                  |                 |                    |                  |                    |                                                                                             |
|                                                  |                 |                    |                  |                    |                                                                                             |
|                                                  |                 |                    |                  |                    |                                                                                             |
| TUBING RECORD:    Size:    Set At:    Packer At: |                 |                    |                  |                    |                                                                                             |

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Gillett, Denney        |
| Well Name | Roberson I-1           |
| Doc ID    | 1210389                |

#### Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|-----------------|-------|
| 3              | 626.5-643          | 2" DML RTG      | 16.5  |

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Gillett, Denney        |
| Well Name | Roberson I-1           |
| Doc ID    | 1210389                |

#### Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Surface           | 9                 | 7               | 10     | 20            | Portland       | 6                    | 50/50 POZ                  |
| Completion        | 5.6250            | 2.8750          | 8      | 720           | Portland       | 107                  | 50/50 POZ                  |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |

Hurricane Services, Inc.  
3613 A Y Road  
Madison, KS 66860  
Office # 620-437-2661  
Brad Cell # 620-437-6765



Ticket Number 100455  
Location \_\_\_\_\_  
Foreman Dwayne

**Cement Service ticket**

| Date           | Customer # | Well Name & Number | Sec./Township/Range | County   |
|----------------|------------|--------------------|---------------------|----------|
| 5/30/14        |            | Robersons Inj #1   |                     | Franklin |
| Customer       |            | Mailing Address    | City                | State    |
| Denny Gillette |            | 4318 Finney Rd     | Rantaul             | KS       |
|                |            |                    |                     | Zip      |
|                |            |                    |                     | 66079    |

**Job Type:**

| Truck # | Driver       |
|---------|--------------|
| 231     | TOM          |
| 241     | Amos / Denny |
| 110     | T/Ker        |
| 111     | Scott        |
| 25      | Dwayne       |

| Quantity Or Units | Description of Services or Product                   | Pump charge                            |
|-------------------|------------------------------------------------------|----------------------------------------|
| 20                | Mileage Cement Pump 231                              | \$3.25/Mile 65                         |
| 20                | Pickup 25                                            | 15 mi 30                               |
| 107 SK            | 60-40 Po2 Mix                                        | 12 <sup>00</sup> SK 1284 <sup>00</sup> |
| 184 LBS           | Prem Gel In cement 2%                                | 130 <sup>00</sup> Lb 55 <sup>20</sup>  |
| 200 LBS           | Prem Gel Flush                                       | 130 <sup>00</sup> Lb 60 <sup>00</sup>  |
| 26.75 LBS         | Fla Seal                                             | 2.15 Lb 57 <sup>51</sup>               |
| 2 hr              | Water TRUCK 110                                      | 84 <sup>00</sup> hr 168 <sup>00</sup>  |
| 2 hr              | Water TRUCK 111                                      | 84 <sup>00</sup> hr 168 <sup>00</sup>  |
| 4600 Gal          | Water                                                | 1.3 \$ gal 59 <sup>80</sup>            |
| 4.60 Tons         | Bulk Truck Bulk Delivery minimum charge<br>TRUCK 241 | \$1.15/Mile 300 <sup>00</sup>          |
| 1                 | Plugs 2 1/2 Rubber Plug                              | 25 <sup>00</sup> 25 <sup>00</sup>      |
|                   | Subtotal                                             | 2947.51                                |
|                   | Sales Tax                                            |                                        |
|                   | Estimated Total                                      |                                        |

Remarks:

Operator License # 35047  
 Operator Denney Gillett  
 Address 2530 Delaware Road  
 City Pomona, KS 66076  
 Contractor JTC Oil, Inc.  
 Contractor License # 32834  
 T.D. 700  
 T.D. of pipe 678  
 Surface pipe size 7"  
 Surface pipe depth 20'  
 Well Type Injection

API # 15-059-26686-00-00  
 Lease Name Robertson  
 Well # I-1

Spud Date 5/28/2014  
 Cement Date

Location Sec 8 T 18 R 21  
 4292 feet from S line  
 4292 feet from E line  
 County Franklin

Driller's Log

| Thickness | Strata      | From | To  |          |
|-----------|-------------|------|-----|----------|
| 3         | dirt        | 0    | 3   |          |
| 12        | lime        | 3    | 15  |          |
| 30        | shale       | 15   | 45  |          |
| 20        | lime        | 45   | 65  |          |
| 92        | shale       | 65   | 157 |          |
| 18        | lime        | 157  | 175 |          |
| 21        | shale       | 175  | 196 |          |
| 5         | lime        | 196  | 201 |          |
| 4         | shale       | 201  | 205 |          |
| 6         | red shale   | 205  | 211 |          |
| 30        | shale       | 211  | 241 |          |
| 20        | lime        | 241  | 261 |          |
| 8         | shale       | 261  | 269 |          |
| 28        | lime        | 269  | 297 |          |
| 8         | black shale | 297  | 305 |          |
| 23        | lime        | 305  | 328 |          |
| 3         | shale mix   | 328  | 331 |          |
| 14        | lime        | 331  | 345 |          |
| 146       | shale       | 345  | 491 |          |
| 4         | lime        | 491  | 495 |          |
| 10        | shale       | 495  | 505 |          |
| 61        | lime        | 505  | 566 |          |
| 7         | lime        | 566  | 573 |          |
| 12        | shale       | 573  | 585 |          |
| 4         | lime        | 585  | 589 |          |
| 9         | shale       | 589  | 598 |          |
| 12        | lime        | 598  | 610 |          |
| 8         | shale       | 610  | 618 |          |
| 2         | top sand    | 618  | 620 | lime oil |
| 2         | top sand    | 620  | 622 | lime oil |
| 2         | top sand    | 622  | 624 | lime oil |
| 2         | top sand    | 624  | 626 | shale    |
| 2         | top sand    | 626  | 628 | sand     |
| 2         | top sand    | 628  | 630 |          |

|    |          |     |     |     |
|----|----------|-----|-----|-----|
| 2  | top sand | 630 | 632 |     |
| 2  | top sand | 632 | 634 |     |
| 4  | top sand | 634 | 638 |     |
| 2  | top sand | 638 | 640 |     |
| 4  | top sand | 640 | 644 | end |
| 56 | shale    | 644 | 700 |     |