

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:
 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|---|

Summary of Changes

Lease Name and Number: Green 6W

API/Permit #: 15-121-30369-00-00

Doc ID: 1225561

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name | Previous Value | New Value |
|---------------------|---|---|
| Approved Date | 09/04/2014 | 10/01/2014 |
| Producing Formation | Bartlesville | Squirrel |
| Save Link | ../..kcc/detail/operatorEditDetail.cfm?docID=1218294 | ../..kcc/detail/operatorEditDetail.cfm?docID=1225561 |



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218294
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____

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) (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 | Honey Well, LLC |
| Well Name | Green 6W |
| Doc ID | 1218294 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|-----------------|-------|
| 2 | 662-676 | 2" DML RTG | 14 |

Miami County, KS
 Well: Green 6W
 Lease Owner: HoneyWell

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 7/22/2014

WELL LOG

| Thickness of Strata | Formation | Total Depth |
|---------------------|----------------------|-------------|
| 0-14 | Soil-Clay | 14 |
| 36 | Shale | 50 |
| 18 | Lime | 68 |
| 10 | Shale | 78 |
| 1 | Lime | 79 |
| 29 | Shale | 108 |
| 4 | Lime | 112 |
| 28 | Shale | 140 |
| 9 | Lime | 149 |
| 3 | Shale | 152 |
| 1 | Lime | 153 |
| 13 | Shale | 166 |
| 25 | Lime | 191 |
| 8 | Shale | 199 |
| 20 | Lime | 219 |
| 5 | Shale | 224 |
| 2 | Lime | 226 |
| 5 | Shale | 231 |
| 7 | Lime | 238 |
| 6 | Shale | 244 |
| 5 | Sand | 249 |
| 19 | Shale | 268 |
| 22 | Sand and Sandy Shale | 290 |
| 62 | Shale | 352 |
| 4 | Sand | 356 |
| 3 | Sand | 359 |
| 29 | Shale | 384 |
| 11 | Shale | 395 |
| 17 | Shale | 412 |
| 1 | Lime | 413 |
| 15 | Shale | 428 |
| 2 | Lime | 430 |
| 1 | Lime | 431 |
| 3 | Lime | 434 |
| 8 | Shale | 442 |
| 7 | Lime | 449 |
| 9 | Shale | 458 |
| 8 | Lime | 466 |
| 14 | Shale | 480 |
| 4 | Lime | 484 |

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 6 W

Farm Green

KS
(State)

Miami
(County)

2
(Section)

17
(Township)

22
(Range)

For Honey Well
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

| Thickness of Strata | Formation | Total Depth | Remarks |
|---------------------|--------------------|-------------|---------|
| 0-14 | Soil-Clay | 14 | |
| 36 | Shale | 50 | |
| 18 | Lime | 68 | |
| 10 | Shale | 78 | |
| 1 | Lime | 79 | |
| 29 | Shale | 108 | |
| 4 | Lime | 112 | |
| 28 | Shale | 140 | |
| 9 | Lime | 149 | |
| 3 | Shale | 152 | |
| 1 | Lime | 153 | |
| 13 | Shale | 166 | |
| 25 | Lime | 191 | |
| 8 | Shale | 199 | |
| 20 | Lime | 219 | |
| 5 | Shale | 224 | |
| 2 | Lime | 226 | |
| 5 | Shale | 231 | |
| 7 | Lime | 238 | |
| 6 | Shale | 244 | Mertha |
| 5 | Sand | 249 | |
| 19 | Shale | 268 | No Oil |
| 22 | Sand & Sandy Shale | 290 | |
| 62 | Shale | 352 | |
| 4 | Sand | 356 | |
| 3 | Sandy | 359 | |
| 25 | Shale | 384 | |

384

| Thickness of Strata | Formation | Total Depth | Remarks |
|---------------------|--------------|-------------|---------------------|
| 11 | Shale & Lime | 395 | |
| 17 | Shale | 412 | |
| 1 | Lime | 413 | |
| 15 | Shale | 428 | |
| 2 | Lime | 430 | |
| 1 | Lime | 431 | |
| 3 | Lime | 434 | Oil Odor |
| 8 | Shale | 442 | |
| 7 | Lime | 449 | |
| 9 | Shale | 458 | |
| 8 | Lime | 466 | |
| 14 | Shale | 480 | |
| 4 | Lime | 484 | |
| 9 | Shale | 493 | |
| 3 | Lime | 496 | |
| 17 | Shale | 513 | |
| 2 | Lime | 515 | |
| 24 | Shale | 539 | |
| 5 | Sand | 544 | No Oil |
| 14 | Sandy Shale | 558 | |
| 30 | Shale | 588 | |
| 12 | Sandy Shale | 600 | |
| 4 | Shale | 604 | |
| 13 | Sandy Shale | 617 | |
| 13 | Shale | 630 | |
| 1 | Lime | 631 | |
| 9 | Shale | 640 | |



CONSOLIDATED
Oil Well Services, LLC

269828

TICKET NUMBER 47473
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

| | | | | | | |
|--------------------------------------|------------|--------------------|---|------------|--------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 7-23-14 | 9999 | Green b-w | NE 2 | 17 | 22 | Mi. |
| CUSTOMER Honey Well | | | TRUCK # | | | |
| MAILING ADDRESS 120 Shoreline Dr. | | | 730 | Alan Mader | Safety | Meat |
| CITY | | | 368 | Art McD | | |
| STATE | | | 675 | Kai Det | | |
| ZIP CODE | | | 503 | Mike Fox | | |
| JOB TYPE | HOLE SIZE | HOLE DEPTH | CASING SIZE & WEIGHT | OTHER | | |
| long string | 5 5/8 | 760 | 2 7/8 | 709 BP | | |
| CASING DEPTH | DRILL PIPE | TUBING | CEMENT LEFT in CASING | RATE | | |
| 740 | | | yes | 4 bpm | | |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | REMARKS: | | | |
| | | | Held meeting. Established rate. Mixed + pumped 100# gel followed by 103 sk 50/50 cement, plus 200 gel. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI for 30 minute MIT. Set float | | | |

TOS Greg

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-----------|
| 5401 | 1 | PUMP CHARGE | 368 | 1085.00 ✓ |
| 5406 | 25 | MILEAGE | 368 | 105.00 ✓ |
| 5402 | 740' | casing footage | 368 | — ✓ |
| 5407 | min | tan miles | 503 | 368.00 ✓ |
| 5502C | 2 | 80 val | 675 | 200.00 ✓ |
| 1124 | 103 | 50/50 cement | 1184.50 | ✓ |
| 1118B | 273# | gel | 60.06 | ✓ |
| | | material sub | 1244.56 | |
| | | less 30% | 373.67 | ✓ |
| | | material total | 870.89 | ✓ |
| 4402 | 1 | 2 1/2 plus | 29.50 | ✓ |
| | | | 3129.53 | 87 |
| | | SALES TAX | 68.88 | ✓ |
| | | ESTIMATED TOTAL | 2727.27 | ✓ |

Ravin 3737

NO company rep
Jim DSK

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