

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076753

Form ACO-1 June 2009 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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
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 #: Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:
Dual Completion Permit #:	Operator Name: License #:
SWD Permit #:	Lease Name. License #. Quarter Sec. Twp. S. R. East West
ENHR Permit #: GSW Permit #:	Quarter Sec IwpS. R East west County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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

	Side Two	1076753		
Operator Name:	Lease Name:	Well #:		
Sec TwpS. R East _ West	County:			

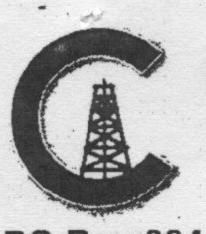
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)		Yes	No		og Formatio	n (Top), Depth an	Sample		
Samples Sent to Geolog		Yes	No	Nam	1e		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		☐ Yes ☐ Yes ☐ Yes	│ No │ No │ No						
List All E. Logs Run:									
CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc.									
Purpose of String Size Hole Drilled		Size Ca Set (In	asing	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives		
Protect Casing Plug Back TD						
Plug Off Zone						

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD:	: Size: Set At: Packer At:			Liner R	un:	No				
Date of First, Resumed Production, SWD or ENHR.			۶.	Producing Method:			Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours			Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity		
									1	
DISPOSITION OF GAS: METHOD OF COMPLE				TION:		PRODUCTION INTER	RVAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit /		Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)				Other (Specify)						



CONSOLIDATED

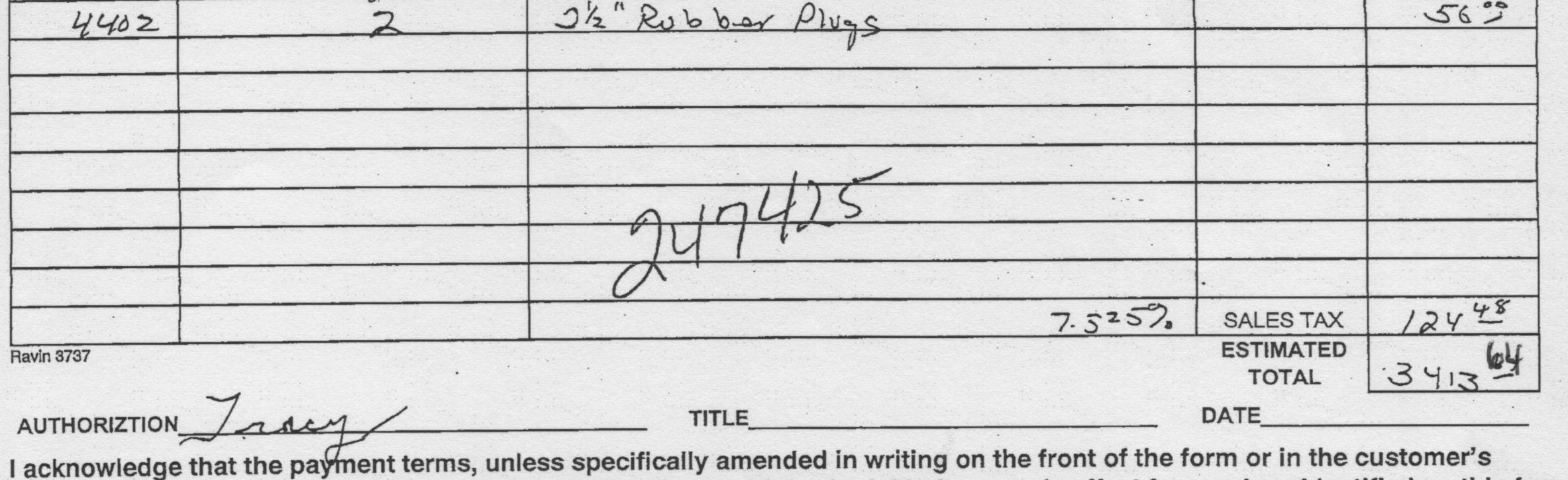
Oil Well Services, LLC

TICKET NUMBER 36870 LOCATION Ottawa KS FOREMAN Fred mader

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720 CEMENT 620-431-9210 or 800-467-8676 WELL NAME & NUMBER SECTION TOWNSHIP CUSTOMER # RANGE COUNTY DATE Knabe "m" # KR-8 ,4448 NE 15 Jo 14 22 1/23/12 CUSTOMER Kansas Resources ExplyiDad. DRIVER TRUCK # TRUCK# · DRIVER MAILING ADDRESS FREMAD 506 Satety 9393 W 1107h 368 ARLMOD STATE ZIP CODE CITY GW 370 GARMOO 66210 Overland Park IRS RYASIN 510 RS CASING SIZE & WEIGHT 278 4 EUE 57/8 893 JOB TYPE Long string HOLE SIZE HOLE DEPTH DRILL PIPE TUBING_ OTHER CASING DEPTH 863 CEMENT LEFT in CASING2 -2% Plugs WATER gal/sk_____ SLURRY VOL SLURRY WEIGHT_ RATE 48PM DISPLACEMENT 5.13 BB DISPLACEMENT PSI MIX PSI REMARKS: Establish pump rata Mix-x pump 100 Premium Gel Flush. Mist pump 132 sks 50/50 Por Mix Convent 2% Cal 20 1/2 Pheno Scal/sk.

Comment to Surface. Flush pump + lines clean. Displace 2. 25 rubber plugs to casing TD. Pressure to 700# psi. Release pressore to set float Value. Shot in cashy Note: Well sat goen overnöter Made Evans Energy Dev. Luc-ACCOUNT **DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE TOTAL **QUANITY or UNITS** CODE 60300 368 PUMP CHARGE 5401 12000 368 30mi MILEAGE 5406 NC Casing foo hage 5402 883 3500 Ton Miles 570 Minmun 5407 1350 80 BBC Vac Wuck 372 lizhr 5502C 1445-40 50/50 Por Mix Coment 132 545 1124 67 62 322# Premiun Gel 1118B 85-14 66 # Phino Spal 1107A



account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.