

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1138662

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 North / 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	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?  Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Eluid Management Blan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	License #:
SWD         Permit #:	
ENHR         Permit #:	Quarter Sec. Twp. S. R. East West
GSW Permit #:	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

KCC Office Use ONLY					
Letter of Confidentiality Received					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I II Approved by: Date:					

	Side Two	1138662
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		Log Formation (Top), De			Sample	
Samples Sent to Geolog	ical Survey	Yes No				Тор	Datam	
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING		ew Used				
		Report all strings set	-conductor, surface, inte	ermediate, producti	on, 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: —— 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			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	<b>λ</b> .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITION OF GAS: METHOD OF		OF COMPLE	TION:		PRODUCTION INT	ERVAL:				
Vented Sold Used on Lease			Open Hole Perf. Dually Comp. (Submit ACO-5)		Commingled (Submit ACO-4)					
(If vented, Submit ACO-18.) Other (Specify)										

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

C.	CONSOLIDATED Oil: Well: Services, LLC	
DO Bay 884	Chaputa KS 66700	FIELD

TICKET NUMBER	35163
LOCATION (Stan	KS

PO Box 884, Chanute, KS 66720

Ravin 3737

AUTHORIZTION

# FOREMAN Casey Leunedy

620-431-9210 o	r 800-467-8676	CEME	NT			
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/13/12	4448 604	erman # KR-5	NE 19	14	22	JO
CUSTOMER _	R Evo		(a,b) = (a,b) = (b,b) = (b,b)			
MAILING ADDRE	Kosource Exp.	T tou	TRUCK#	DRIVER	TRUCK#	DRIVER
9393		Suto 500	481	Cas Ken	V Sater	Heeting
CITY	W 1/044 St	ZIP CODE	(ddo	GarMoo	V	
		<b>•</b>	570	Set Tuc	~	
Overland		> (de210	370	KeiCar	K	1
JOB TYPE long			тн <u>916</u>	CASING SIZE & V	VEIGHT 248	"EE
CASING DEPTH_		PETUBING			OTHER	
SLURRY WEIGH			/sk	CEMENT LEFT in		
1	S.2466/SDISPLAC				pm	
REMARKS: ha	d satoly meetin	1 /	A /		1 501	Premium
G.St talk	owed by 10 B		ixel + pu			HORIL'X
cement	w/ 22 gelt	2# Phenoseal per			e, flushed	2 pump
clean, por		" whole plugs to c		w/ 5.24	bbls freel	n water,
pressured	to 800 PS1,	released pressure,	shit in ca	sing.		·····
		1	()			
					$\vdash$	
					1 (	
				1		
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE				1030.00
540Le	30 rui	MILEAGE				120.00
5402	906'	casing tootage				
5407	Minimum	ton mileage	A.			350,00
5502C	,2 hrs	80 Vac				180.00
						i
1124	148 des	5250 POZni	x comp, t	-		1020.60
11183		Provision				73.29
	<u>349</u> <u>74</u> #	Preuijum Gel Phenoseal 21/2 "rubber pl				95,46
1107A		- Prenospat		-		576.00
4402	<del>/</del>	aria iursoer pl	<u></u>			500.00
·						<u> </u>
					+	

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

TITLE\_

15U559

7.525%

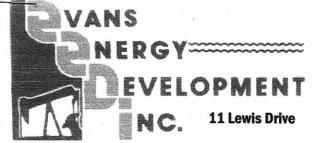
SALES TAX

ESTIMATED

TOTAL

DATE

31204



# Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Paola, KS 66071

Phone: 913-557-9083 Fax: 913-557-9084

WELL LOG Kansas Resource Exploration & Development, LLC Guetterman #KR-5 API # 15-091-23,930 November 9 - November 13, 2012

Thickness of Strata	Formation	Total
13	soil & clay	13
14	shale	27
9	lime	36
5	shale	41
13	lime	54
11	shale	65
8	lime	73
9	shale	82
3	lime	85
2	shale	87
9	lime	96
26	shale	122
13	lime	135
8	shale	143
8	lime	151
2	shale	153
39	lime	192
26	shale	218
9	lime	227
17	shale	244
6	lime	250
7	shale	257
11	lime	268
4	shale	272
3	lime	275 light oil show
31	shale	306
24	lime	330
8	shale	338
21	lime	359
4	shale	363
2	lime	365
7	shale	372
5	lime	377 base of the Kansas City
173	shale	550
4	lime	554
6	shale	560
3	lime	563
8	shale	571
7	lime	578
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Guetterman #KR-5		Page 2
14	shale	592
4	lime	596
7	shale	603
4	lime	607
4	shale	611
1	lime	612
104	shale	716 red
4	broken sand	720 brown & grey, ok bleeding
2	oil sand	722 brown, good bleeding
1	silty shale	723
67	shale	790
1	coal	791
22	shale	813
1	coal	814
9	shale	823
18	silty shale	841 white & grey
1	broken sand	842 brown & grey, good bleeding
2.5	oil sand	844.5 brown, good bleeding
0.5	lime	845
2	broken sand	847 broken sand, brown & grey, ok bleeding
3	silty shale	850
33	shale	883
1	coal	884
32	shale	916 TD

Drilled a 9 7/8" hole to 23.5' Drilled a 5 5/8" hole to 916'

Set 23.5' of 7" surface casing cemented with 6 sacks of cement

Set 906' of 2 7/8" 8 round upset tubing, with 3 centralizers, 1 float shoe, & 1 clamp.