

Kansas Corporation Commission Oil & Gas Conservation Division

1139243

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:	SecTwpS. R 🗌 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City:	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□ NE □ NW □ SE □ SW				
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.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:					
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	Chloride content: ppm Fluid volume: bbls Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #:	Operator Name:				
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:				
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:

Side Two

1139243

Operator Name:			Lease Name:			_ Well #:		
Sec Twp	S. R	East West	County:					
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid	
Drill Stem Tests Taken (Attach Additional S		Yes No		Log Formation	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geol	ogical Survey	Yes No	Naı	me		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No						
List All E. Logs Run:								
				New Used				
Purpose of String	Size Hole	Report all strings s	set-conductor, surface, ir Weight	Setting	on, etc. Type of	# Sacks	Type and Percent	
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives	
	I	ADDITION	NAL CEMENTING / SQ	UEEZE RECORD			I	
Purpose:				# Sacks Used Type and Percent Additives				
Perforate Protect Casing	Top Bottom	31						
Plug Back TD								
Plug Off Zone								
Shots Per Foot	PERFORATI Specify	ION RECORD - Bridge F Footage of Each Interval	Plugs Set/Type Perforated	Set/Type Acid, Fracture, Shot, Ce ated (Amount and Kind			d Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (Gas-Oil Ratio	Gravity	
DIODOGITIC	DN 05 040		METHOD OF OCCUP	FTIONI		DDOD! IOT!	NALIAITEDVA	
	ON OF GAS:	Open Hole	METHOD OF COMP		nmingled	PRODUCTIO	ON INTERVAL:	
Vented Sold		Other (Specify)	(Subm		mit ACO-4)			



LOCATION Of Lawa KS

FOREMAN Fred Made

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

Ravin 3737

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER# W	VELL NAME & NUMBER	SECTION	TOMBLE		
12/6/12	4448 W:		+	TOWNSHIP	RANGE	COUNTY
CUSTOMER			Sw 16		22	50
Kan	1995 Rasources E	XDI & Deu.	TRUCK#	DRIVER	Table 1	1
MAILING ADDR	ESS				TRUCK#	DRIVER
939	73 W 110 km 3	57	485	Fro Mad	Solit	my
CITY	STATE	ZIP CODE		Hay Bac	HB	/'
Overla	nd Park Ks	66210	369	Der Mas	DM	
	mgstring HOLE SIZE		503	Danbet	DO	
CASING DEPTH	9/7- 0 DBUL DIDE		H 927940			
SLURRY WEIGH	T SLURRY VOI	WATER COL	-1-		OTHER	
DISPLACEMENT	T 533 & DISPLACEM	TUBING LWATER gal/	sk	EMENT LEFT in	CASING 2 - 2	52 Plugs
	- SIOI LAOLINI	FIALL OF MIX POL	F	ATF - ROI	\sim	
17 (Stablish pump r	ate. Mixx Pump	100 # Gel FI	ush. Mi	xx Pump	
100	5/25 30/50 /02	Mix Cement 29	o well Ph.	2 10 Sal/	1/2. Cem	ent
7	3 10 (43114	ID. Pressure x	800 7	BS). Roled	LSE Dress	11/2
TO S.	et float value	· Shut in co	soly.			
				,		
	- 11			10	21/ 0	
TI	C Drilling.			f-ud	Madre	
10001112						
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of	SERVICES or PROD	UCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE			JAIT TRICE	TOTAL
5406	30m)	MILEAGE		495		
						183000
54001	917	C . T .		495		12000
5402	9/7	Casing Footag	2/	495		120°0
5407	Mini mon	Ton Miles		49.5		120°0
		Ton Wiles 1 80 BBL Vac T		495		120°D
5407	Mini mon	Ton Miles		495		120°0
5407 55020	Mini mon	FOR Ntiles 1	ruck	495		120°D
5407	Minimum 1/2 hr	FOR Ntiles 1	ruck	495		120°0 135°0 135°0
5407 5502C	Minimum 1/2 hr	FOR Miles 80 BBL Vac T 50/50 Por M.	Yuck Y Cenunt	495		120°0 135°0 135°0 1489°3°
5407 5502C //24 ///8B	Minimum 1/2 hr 136 5Ks 329#	FON Miles 80 BBL Vac T 50/50 Por M. Premium Cul	Yuck Y Cenunt	495		120°0 135°0 135°0 1489°2°
5407 5502C 1124 1118B 1107A	Minimum 1/2 hr 136 sks 329# 68#	Francisco Por M.	Yuck >x Cenunt	495		120°0 135°0 135°0 1489°3°
5407 5502C //24 ///8B	Minimum 1/2 hr 136 5Ks 329#	FON Miles 80 BBL Vac T 50/50 Por M. Premium Cul	Yuck >x Cenunt	495		120°0 135°0 135°0
5407 5502C 1124 1118B 1107A	Minimum 1/2 hr 136 sks 329# 68#	Francisco Por M.	Yuck >x Cenunt	195		120°0 135°0 135°0 1489°2°
5407 5502C 1124 1118B 1107A	Minimum 1/2 hr 136 sks 329# 68#	Francisco Por M.	Yuck >x Cenunt	495		120 est 135 00 135 00

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_

DATE

SALES TAX

ESTIMATED TOTAL

7525%

DRILL LOG

Operator License# 34592 API 15-091-24023-00-00 Operator Kansas Resource Explora. & Dev. Lease Name Wise Address 9393 W. 110th St., Ste. 500, OP, KS Well # KRI 8 Contractor JTC Oil, Inc. Spud **Date Cement** 12/3/2012 Location_____ of____ Contractor License___32834 T.D. 940 T.D. of Pipe 911 5 _____ feet from _____ Surf. Pipe Size_ 7" _Depth 20 ft. _____ feet from _____ Kind of Well___injector County Johnson

Thickness	Strata	From	To	Thickness	Strata	From	To
23	clay/dirt	00	23	78	lime	131	209
	1000						
23	shale	23	45	20	shale	209	229
5	P			_			
3	lime	45	50	7	lime	229	236
5	shale			46			
	Stidle	50	55	16	shale	236	252
16	lime	55	71	8	l!		
	mne		/1		lime	252	260
9 blad	k shale	71	80	5	shale	360	265
					Silale	260	265
10	lime	80	90	10	lime	265	275
					mne	203	275
3	shale	90	93	43	shale	275	318
					Jiidie	2/3	310
1	lime	93	94	32	lime	318	350
							330
3	shale	94	97	3	shale	350	353
13	lime	97	110	42	lime	353	395

5	shale	110	115	5	shale	395	400
5	red bed	115	120				
11	shale	120	131				
****				6	lime	400	406
				4	shale	406	410
				10	lime mix	410	420
				8	no oil	420	428
		-		120	shale	428	548
	***************************************			7	lime mix	548	565
				5	shale	565	<u>570</u>
*				3	lime	570	573
	·			2	shale	573	<u>575</u>
				5	lime	575	580
				2	coal	580	582
				6	shale	582	588
				20	lime	588	608
				4	shale mix	608	612
				3	lime	612	615
				7	shale	615	622
				13	lime	622	635
				8	shale	635	643
				10	red bed	643	653

	14	shale	653	667
	8	lime	667	675
	20	sand/no oil	675	695
	49	shale	695	744
	6	sand/no oil	744	750
	22	shale	650	<u>772</u>
	8	lime	772	780
	7	shale	780	787
	4	sand/no oil	787	791
	34	shale mix	791	825
No oil	7	lime sand mix	825	833
	41	shale mix	833	874
Good	1	oil sand	874	875
V good	1		875	876
	1	mix sand	876	877
	63	mix shale	877	940
				