



KANSAS CORPORATION COMMISSION 1147959
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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 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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

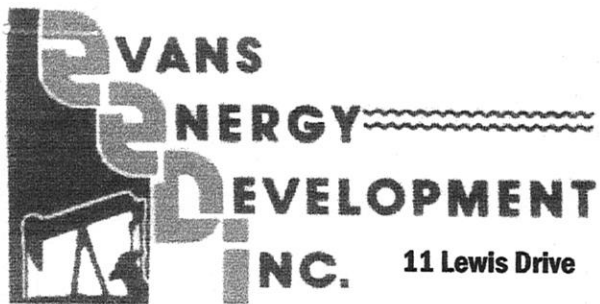
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC

Guetterman #KRI-23

API # 15-091-23,966

December 5 - December 7, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
7	shale	23
5	lime	28
7	shale	35
16	lime	51
10	shale	61
7	lime	68
5	shale	73
1	lime	74
4	shale	78
16	lime	94
19	shale	113
20	lime	133
6	shale	139
50	lime	189
22	shale	211
9	lime	220
15	shale	235
7	lime	242
7	shale	249
18	lime	267
35	shale	302
10	lime	312
5	shale	317
9	lime	326
8	shale	334
21	lime	355
5	shale	360
4	lime	364
4	shale	368
6	lime	374 base of the Kansas City
170	shale	544
6	lime	550 oil show
3	shale	553
4	lime	557
1	coal	558
6	shale	564
8	lime	572
14	shale	586
2	lime	588

7	shale	595
8	lime	603
21	shale	624
5	lime	629
73	shale	702
3	broken sand	705 brown & shale, light bleeding (gassy)
1	oil sand	706 brown, ok bleeding
7	broken sand	713 brown & shale, ok bleeding
23	shale	736
1	lime	737
65	shale	802
1	coal	803
21	shale	824
3	broken sand	827 lime & sand, ok bleeding
1	oil sand	828 brown, good bleeding
2.5	broken sand	830.5 brown sand & lime streaks, ok bleeding
2.5	broken sand	833 20% brown sand, 80% shale, light bleeding
50	shale	883 TD

Drilled a 9 7/8" hole to 21.5'

Drilled a 5 5/8" hole to 883'

Set 21.5' of 7" surface casing cemented with 6 sacks of cement

Set 873' of 2 7/8" 8 round upset tubing, with 3 centralizers, 1 float shoe, & 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 38991

LOCATION Ottawa KS.

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/7/12	25519	Guetterman # KRJ23	NE 30	14	22	JO
CUSTOMER 4448 Kausas Resources Expl & Dev			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 9393 W 110th St.			506	Fred Mad	Safety	MK
CITY Overland Park			495	Har Bec	HB	2
STATE KS			370	Kel Cav	KC	
ZIP CODE 66240			503	Dan Det	DD	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 883 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 873 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.07 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
 120 sks 50/50 Por Mix Cement 2% Gel 1/2" Pheno Seal/sk.
 Cement to surface. Flush pump + lines clean. Displace 20' 2 1/2"
 rubber plug to casing TD. Pressure to 800+ PSI. Release
 pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. - Mitchell

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30mi	MILEAGE	495	120 ⁰⁰
5402	873'	Casing Footage		N/C
5407	Minimum	Ton Miles	503	350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	370	180 ⁰⁰
1124	120 sks	50/50 Por Mix Cement		1314 ⁰⁰
1118B	302#	Premium Gel		63 ⁴²
1107A	60#	Pheno Seal		77 ⁴⁰
4402	2	2 1/2" Rubber Plugs		56 ⁰⁰
			7.525767	SALES TAX
				ESTIMATED TOTAL
				113 ⁶⁸
				3304 ⁵⁰

Completed

Revin 3737

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 fo

255185