



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1155859
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- 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
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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: _____

1155859

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
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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
<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43263

LOCATION Eureka

FOREMAN Rick Ledford

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
7-9-13	5405	Morse #16				Wilson
CUSTOMER <u>GARY MASSEY - POI Oil</u>						
MAILING ADDRESS <u>1085 180th St.</u>						
CITY <u>Eureka</u>		STATE <u>KS</u>	ZIP CODE <u>67045</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>445</u>	<u>Chris B.</u>		
<u>667</u>	<u>Joey</u>		

JOB TYPE L/S 0 HOLE SIZE 6" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 1003' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL 35 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.8 DISPLACEMENT PSI 400 MAX PSI 800 Bump plus RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 5 Bbl fresh water. Pump 200" gel-flush, circulated gel to surface w/ pit water. Mixed 125 sacks O.W.C. cement w/ 1/2" phenoseal/sk @ 13.6"/gal. Washout pump & lines, shut down, stuff latch down plug. Displace w/ 5.8 Bbl fresh water. Final pump pressure 400 PSI. Bump plug to 800 PSI. release pressure, float & plug held. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down.

Tagged float shoe @ 1003' w/ wireline

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	20	MILEAGE	4.20	84.00
1126	125 sacks	O.W.C. Cement	19.75	2468.75
1107A	62"	1/2" phenoseal/sk	1.35	83.70
1118B	200"	gel-flush	.22	44.00
5407	6.5	ten mileage bulk TRK	m/c	368.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 <214.66> \$4018.41 </div>				
			Subtotal	4133.45
			SALES TAX <u>6.15%</u>	159.68
			ESTIMATED TOTAL	4293.13

Ravin 3737

AUTHORIZATION [Signature] TITLE Owner 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.



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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 43360 /
LOCATION Eureka 170
FOREMAN Dan Butler

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-24-13	5405	Morse # 16, 17 & 18	13	28 S	15 E	Wilson	
CUSTOMER		SAFETY MEETING		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				443	Chris M		
CITY		STATE	ZIP CODE				
Eureka		Ks	67045				

JOB TYPE acid 0 HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: well #17 - perfs 964-984, 40 shots - pumped 250gals acid well broke at 1000#
 1 1/2 bpm @ 500 increase to 3 3/4 bpm Flush at 500# pumped 7 bbls Flush ISDP 250#
 down to vacuum.
 - well #16 - perfs 963-973 - 21 shots - well broke at 750# with 150gals acid & 6 bbls.
 Flush at 3 1/2 bpm @ 500# ISDP @ well on vacuum
 - well #18 - perfs 958-964 - 13 shots - well loaded 1/2 bbl early, broke down at 1500#
 on 150gals acid pumped 6 1/2 bbls Flush at 3 1/2 bpm @ 800# ISDP 700#, 10 mins well
 on vacuum jobs complete

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	840.00	840.00
5306	20	MILEAGE	4.00	80.00
5610	2 hrs	Misc pump	200.00	400.00
3107	550gals	15% HCl acid	1.75	962.50
3134	1 gal	surface tension reducer	36.00	36.00
3166	1 gal	Inhibitor	50.00	50.00
3171	2 1/2 gals	Iron control	40.00	100.00
3175	2 gals	Non-Emuls	33.00	66.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 5910 < 126.13 > \$ 2407.11 </div>				
260905			sub total	2534.50
			SALES TAX	0
			ESTIMATED TOTAL	2534.50

AUTHORIZATION [Signature] TITLE Owner DATE 7-24-13

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.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Mark Sievers, Commissioner

Sam Brownback, Governor

January 16, 2014

Gary Massey
Massey, Gary R.
1085 180TH ST
EUREKA, KS 67045-4227

Re: ACO-1
API 15-205-28158-00-00
Morse 16
SE/4 Sec.13-28S-15E
Wilson County, Kansas

Dear Gary Massey:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 7/9/2013 and the ACO-1 was received on January 14, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department