



KANSAS CORPORATION COMMISSION 1166011
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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LEASE NAME Dempsey OPERATOR Utah OIL START DATE: 9/16/13
 WELL # 1904 LOCATION: Rantoul API #
 SURFACE PIPE: 7" Ft 21'2" Cement(#bags) 6
 PRODUCTION: PIPE: 2 7/8 SIZE: #FT 808.50

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
12	Clay		2	2	Shale		716
2	Lime		12	32	black shale		715
10	shale		35	8	white shale		99 723
23	Limp		54	3	oil sand	Good bleed	726
19	shale		146	1.5	badly broken sand	Very Little bleed	727.5
12	Limp		166	2.5	oil sand	Good bleed	729
20	shale		192	1	broken sand	very little bleed	730
26	Limp		198	90	shale		820
6	shale		238				
40	Limp		246				
12	shale		250				
4	Limp		252				
2	shale		264			Core from 726 - 743	
9	Limp		288				
24	shale		300				
17	Limp		319				
19	shale		323				
4	Limp		325				
2	shale		327				
2	Limp	Hertha	335				
8	shale		489				
154	Lime		565				
16	shale		518				
43	Limp		560				
12	shale		565				
5	Lime		571				
6	shale		594				
23	Limp	Bleeding oil	600				
6	shale		604				
4	oil sand	good bleed	605				
1	broken sand	little bleed	608				
3	oil sand	good bleed	611				
10	shale		671				
9	oil sand	oil show/light	686				
2	broken sand	light oil	682				



CONSOLIDATED
Oil Well Services, LLC

262426

TICKET NUMBER 42502

LOCATION Ottawa KS

FOREMAN Fred Maden

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
9-17-13	5000	Dempsey KD-4	SE 29	17	21	FR
CUSTOMER Stinger Ventures LLC.			TRUCK #			
MAILING ADDRESS 5113 East North St			DRIVER		TRUCK #	
CITY Salina			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 67401			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 820 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 808 DRILL PIPE 2 1/2 in TUBING @ 778 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 30' + Plug
 DISPLACEMENT 4.52 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump
100# Gel Flush. Mix Pump 130 SKS 50/50 Por Mix Cement 290 gal
1/2" Pheno Seal/sk. Cement to surface. Flush pump & lines clean
Displace 2 1/2" Rubber plug to Baffle in casing. Pressure to 800*
PSI. Release pressure to set float valve. Shot in casing

Utah Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	840 ⁰⁰
5402	808	Casing Footage		N/C
5407	Medium	Ten Miles	548	368 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck.	675	135 ⁰⁰
1124	130 SKS	50/50 Por Mix Cement		1495 ⁰⁰
1118B	319 #	Premium Gel		70 ¹⁸
1107A	65 #	Pheno Seal		87 ⁷⁵
4402	1	2 1/2" Rubber plug		29 ⁵⁰
			7.65%	SALES TAX
				ESTIMATED TOTAL
				128 ²¹
				3483 ¹⁴

Revin 3737

AUTHORIZATION *B...ash*

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 form.