



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1164368
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: _____



1164368

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)*

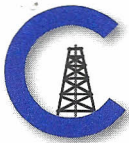
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 262963

=====
Invoice Date: 10/09/2013 Terms: 5/5/10,n/30 Page 1

J. B. D. % P. J. BUCK
P.O. BOX 68
SEDAN KS 67361
(620)725-3636

10-25

COUNTRY FARM ~~25~~
35814
10/4/13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	35.00	15.7000	549.50
Sublet Performed				
9995-240	CEMENT EQUIPMENT DISCOUNT			-61.90
9996-240	CEMENT MATERIAL DISCOUNT			-27.48
	Description	Hours	Unit Price	Total
419	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
486	MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 1832.28 if paid after 10/19/2013

Parts:	549.50	Freight:	.00	Tax:	42.54	AR	1740.66
Labor:	.00	Misc:	.00	Total:	1740.66		
Sublt:	-89.38	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

22963

TICKET NUMBER 35814
LOCATION B-vulle
FOREMAN Coop

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
10-4-13	4291	County Farm # 25				CG
CUSTOMER Kansas Energy Co.						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			419	Aaron		
			486	Jeff F		

JOB TYPE Surt HOLE SIZE 11" HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 58 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

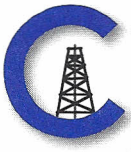
REMARKS: Pumped 35 sks cement, displaced w 3 Bbl, chud in
-Circulated Cement to Surface-

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE		820.00 ✓
		MILEAGE		
5407	1	Bulk Truck		368.00 ✓
1104 S	35 sks	Cement		549.50 ✓
Sub-Total				1287.50 ✓
5% Discount				89.38 ✓
SALES TAX 8.3%				42.54 ✓
ESTIMATED TOTAL				\$1240.66 ✓

Ravin 3737

AUTHORIZATION [Signature] 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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 263144

=====
Invoice Date: 10/17/2013 Terms: 5/5/10,n/30 Page 1
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J. B. D. % P. J. BUCK
P.O. BOX 68
SEDAN KS 67361
(620)725-3636

COUNTY FARM A 10-25
5220000715
10/11/13
10-34-12
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	120.00	19.7500	2370.00
1118B	PREMIUM GEL / BENTONITE	150.00	.2200	33.00
1107A	PHENOSEAL (M) 40# BAG)	40.00	1.3500	54.00
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
1111	SODIUM CHLORIDE (GRANULA	800.00	.3900	312.00
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25

Sublet Performed	Description	Total
9995-240	CEMENT EQUIPMENT DISCOUNT	-103.23
9996-240	CEMENT MATERIAL DISCOUNT	-158.06

Description	Hours	Unit Price	Total
492 CEMENT PUMP	1.00	1085.00	1085.00
492 CASING FOOTAGE	1012.00	.23	232.76
492 EQUIPMENT MILEAGE (ONE WAY)	39.00	4.20	163.80
PLUG 4 1/2" PLUG CONTAINER	1.00	215.00	215.00
T-220 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 5483.46 if paid after 10/27/2013

Parts:	3161.25	Freight:	.00	Tax:	244.77	AR	5209.29
Labor:	.00	Misc:	.00	Total:	5209.29		
Sublt:	-261.29	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

CEMENT FIELD TICKET AND TREATMENT REPORT

263144

Customer	Kansas Energy	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	10	Excess (%)	40%
Customer Acct #	2297 4291	TWP	34	Density	14
Well No.	County Farm A 10-25	RGE	12	Water Required	7.9
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	120
Zip Code		Drill Pipe		Slurry Volume	37
Contact		Casing Size	4 1/2	Displacement	16
Email		Hole Size	6 3/4	Displacement PSI	400/500
Cell		Casing Depth	1012	MIX PSI	200
Dispatch Location	BARTLESVILLE	Hole Depth	1020	Rate	4.5
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	1012	PER FOOT	\$0.23	\$ 232.76
5406	EQUIPMENT MILEAGE (ONE-WAY)	39	PER MILE	\$4.20	\$ 163.80
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
EQUIPMENT TOTAL					\$ 2,064.56
Cement, Chemicals and Water					
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CHLORIDE 2% GE	120	0	\$19.75	\$ 2,370.00
1118B	PREMIUM GEL/BENTONITE (50#)	150	0	\$0.22	\$ 33.00
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00
1110A	KOL SEAL (50 # SK)	750	0	\$0.46	\$ 345.00
1111	GRANULATED SALT (50#) SELL BY #	800	0	\$0.39	\$ 312.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
CHEMICAL TOTAL					\$ 3,114.00
Water Transport					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ -
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
0				\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 47.25
				SUB TOTAL	\$ 5,225.81
				8.30% SALES TAX	\$ 433.75
				TOTAL	\$ 5,659.56
				5% (-DISCOUNT)	\$ 274.41
				DISCOUNTED TOTAL	\$ 5,209.79

DRIVER NAME	
656	John Wade
492	Jake Cole
699/1220	Fildes, Jeff
Nunnley	Levie

AUTHORIZATION _____
DATE _____

TITLE *John Wade*
FOREMAN *John Wade*

5470.58
261.29

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.

10/11/2013



5220000715

CEMENT FIELD TICKET AND TREATMENT REPORT

Time:	Description	Rate (bpm)	Volume (bbl)	Pressure	Notes

REMARKS
 hooked up to casing and pumped a 150# gel sweep and established circulation. Ran 120 sacks chap mix cement at 14ppg. Shut down and washed pump and lines. Dropped plug and displaced 16bbl to land plug at 1000psi. Released press and plug held. Topped off well and washed pump truck Cement to surface Thank You Water was supplied by nunnley

More Notes:

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/>

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

Sam Brownback, Governor

October 31, 2013

P.J. Buck
Kansas Energy Company, L.L.C.
BOX 68
SEDAN, KS 67361-0068

Re: ACO1
API 15-019-27347-00-00
County Farm A 10-25
SE/4 Sec.10-34S-12E
Chautauqua County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
P.J. Buck