



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1166945
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: _____



1166945

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)*

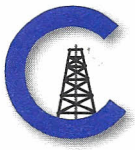
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</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 # 263463

Invoice Date: 10/25/2013 Terms: 5/5/10,n/30

Page 1

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

GREGG 27-1
5220000729
10/24/13
27-33S-11E
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	135.00	19.7500	2666.25
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)	800.00	.4600	368.00
1111	SODIUM CHLORIDE (GRANULA	900.00	.3900	351.00
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25

Sublet Performed	Description	Total
9995-240	CEMENT EQUIPMENT DISCOUNT	-69.27
9996-240	CEMENT MATERIAL DISCOUNT	-175.98

Description	Hours	Unit Price	Total
419 CEMENT PUMP	1.00	1085.00	1085.00
419 CASING FOOTAGE	1306.00	.23	300.38

Amount Due 5191.72 if paid after 11/04/2013

Parts:	3519.50	Freight:	.00	Tax:	272.50	AR	4932.13
Labor:	.00	Misc:	.00	Total:	4932.13		
Sublt:	-245.25	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

10/24/2013

#263463



5220000729

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Kansas Energy Co. LLC	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	27	Excess (%)	30%
Customer Acct #	4291	TWP	33S	Density	14
Well No.	Gregg 27-1	RGE	11E	Water Required	7.9
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	135
Zip Code		Drill Pipe		Slurry Volume	41.8
Contact		Casing Size	4 1/2	Displacement	20.7
Email		Hole Size	6 3/4	Displacement PSI	500/1100
Cell		Casing Depth	1306	MIX PSI	500
Dispatch Location	BARTLESVILLE	Hole Depth	1324	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	1306	PER FOOT	\$0.23	\$ 300.38
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,385.38

Cement, Chemicals and Water					
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CLORIDE 2% GE	135	0	\$19.75	\$ 2,666.25
1118B	PREMIUM GEL/BENTONITE (50#)	150	0	\$0.22	\$ 33.00
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00
1110A	KOL SEAL (50 # SK)	800	0	\$0.46	\$ 368.00
1111	GRANULATED SALT (50#) SELL BY #	900	0	\$0.39	\$ 351.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
CHEMICAL TOTAL					\$ 3,472.25

Water Transport					
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
TRANSPORT TOTAL					\$ -

Cement Floating Equipment (TAXABLE)					
Cement Basket					
0				\$0.00	\$ -
Centralizer					
0				\$0.00	\$ -
0				\$0.00	\$ -
Float Shoe					
0				\$0.00	\$ -
Float Collars					
0				\$0.00	\$ -
Guide Shoes					
0				\$0.00	\$ -
Baffle and Flapper Plates					
0				\$0.00	\$ -
Packer Shoes					
0				\$0.00	\$ -
DV Tools					
0				\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -

Plugs and Ball Sealers					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
Downhole Tools					
0				\$0.00	\$ -

DRIVER NAME		CEMENT FLOATING EQUIPMENT TOTAL			
656	John Wade			\$	47.25
419	James Ness	8.30%	SUB TOTAL	\$	4,904.88
687/219	Fildes, Jeff		SALES TAX	\$	377.57
			TOTAL	\$	5,191.72
		5%	(-DISCOUNT)	\$	259.85
			DISCOUNTED TOTAL	\$	4,932.13

5177.38
24525

AUTHORIZATION _____
DATE _____

TITLE
FOREMAN

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/>

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

Sam Brownback, Governor

November 05, 2013

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

Re: ACO1
API 15-019-27351-00-00
Gregg 27-1
NW/4 Sec.27-33S-11E
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