



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172107
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: _____

1172107

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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809 N. Industrial Rd.
P.O. Box 664
Tolo, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.

CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road.
Customer shall be responsible for damages in any manner to sidewalks,
roadways, driveways, buildings, trees, shrubbery, etc. which are at customer's
risk. The maximum allowed time for unloading trucks is 5 minutes per yard. A
water test when water is added at customer's request. We do not assume responsibility for
NOTICE TO OWNER
Failure of the concrete to set or cure properly, or the filling of a transporter's leg on the property
which is the subject of this contract.

SOI 10
C89001
CASH CUSTOMER

JUL 21
JV OIL P.O. BOX 151 CHANUTE
39 MI TO 75 S 4 MI TO HIGH
PARADE CHURCH W 4 MI TO TEE
S 1/2 MI STAY LEFT TO NESS RD
S TO 1600 E 1/2 MI

SHIP TO

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CHL	DRIVER/TRUCK	PLANT/INSCRIPTION #
02:25:27p	WELL	13.00 yd	13.00 yd	0.00	JE 36	WILCO
DATE	0 Date today	LOAD #	YARDS DEL.	BATCH #	WATER TRIM	TICKET NUMBER
12-04-13		1	13.00 yd	25991	6/yd 0.0	35759
<p>WARNING HARAZING TO THE SKIN AND EYES Concrete is a hazardous commodity and becomes the property of the purchaser upon leaving the plant. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE UNLOADING STARTS. The undersigned promises to pay all costs including reasonable attorney's fees, incurred in collecting any sums owed. Not responsible for excessive Aggregate or Color Quality. No Chain Allowed Unless Made at Time Made at Tolo, Kansas. A 100% Satisfaction Guarantee is provided on all returned checks. All Day Time Period 6:00am - 6:00pm</p>						
<p>PROPERTY DAMAGE RELEASE (TO BE SIGNED IF DELIVERY TO BE MADE CURB LINE) Dear Customer: The driver of the truck in providing the RELEASE to you for your signature is of the opinion that the size and weight of the truck may possibly cause damage to the premises and/or adjacent property if placed in the roadway. It is your responsibility to ensure that the driver is instructed that you sign this RELEASE relating to him and the supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, etc. by the truck from the time it leaves the plant to the time it is delivered to the public street. Further, the undersigned considers that the truck will not filter the public street. Further, the undersigned considers that the undersigned agrees to indemnify and hold harmless the driver of the truck and the supplier for any and all damage to the premises and/or adjacent property if the driver of the truck is not stopped by anyone to have SIGNED.</p>						
<p>EXCESSIVE WATER IS DETERMINAL TO CONCRETE PERFORMANCE H₂O Added By Request/Authorized By _____ GAL X WEIGHMASTER _____</p>						

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
13.00	WELL	WELL (10 SACKS PER UNIT)	58.00	754.00
13.00	MIX & HAUL	MIXING & HAULING	25.00	325.00
3.00	TRUCKING	TRUCKING CHARGE	55.00	165.00
1.00	WC	WINTER CHARGE	30.00	30.00
<p>#24-H Morton</p>				
RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	TIME ALLOWED	TIME TAKEN
		4:44		TRUCK BROKE DOWN
LEFT PLANT	ARRIVED JOB	START UNLOADING		1. ACCIDENT
				2. TRUCK AHEAD ON JOB
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		3. CONTRACTOR BROKE DOWN
				4. SLOTTED
				5. ADDED WATER
<p>Subtotal \$ 1274.00 TAX % 6.150 78.35 Total \$ 1352.35 Order \$ 1352.35 ADDITIONAL CHARGE 1 ADDITIONAL CHARGE 2 GRAND TOTAL</p>				

3.5

2 50 36 Lime

4 100 shale

6 150 149 Lime

8 200 100 Sand

10 250 225 Lime 234 shale

12 300 Lime

14 350 Lime

16 400 382 shale 387 Lime

add 369 Lime

18 450 Lime

20 500 shale

22 550 Lime

24 600 577 Lime 580 sand 587 shale

26 650 shale

28 700 685 coal 687 Lime 695 shale

30 750 727 strong calc. Lime 728-732 oil on pit 738 summit 743 Lime

32 800 775 sand dark calc. 785 shale

767 sand
771 sand oil
on pit

34 850 shale

36 900 881 Lime 882 shale 883 shale

925 gold no. sand

38 950 927 Lime 928 coal 932 shale 936

40 942-943

oil on pit

42 945-947

44 949-950

[954 dark sand TD] 952-954

2718 set @ 939

954 TD

Morton 24-H

11-20-11