



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174665
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: _____

1174665

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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STATEMENT

10917

ELMORE'S INC.

Box 87 - 776 HWY99
Sedan, KS 67361
Cell: (620) 249-2519
Eve: (620) 725-5538

Date

12-17-13

Customer Kansas Energy
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
1	hr Cement Pump	110.00	110.00
1	hr Vac Truck	85.00	85.00
12	SKS Cement	10.00	120.00
			315.00
		Tax	25.67
		B	340.67
	County Form New Well		
	Cemented 57' To Surface		
	8 7/8 Surface Pipe With		
	20 SKS Cement Used		
	8 SKS From Mokot.		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



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 # 264926

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 Invoice Date: 12/30/2013 Terms: 5/5/10,n/30 Page 1

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

COUNTRY FARM 10-1
 2550000646
 12/19/13
 KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	110.00	19.7500	2172.50
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1107A	PHENOSEAL (M) 40# BAG	40.00	1.3500	54.00
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
1111	SODIUM CHLORIDE (GRANULA)	750.00	.3900	292.50
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25

Sublet Performed	Description	Total
9995-240	CEMENT EQUIPMENT DISCOUNT	-93.21
9996-240	CEMENT MATERIAL DISCOUNT	-145.46

Description	Hours	Unit Price	Total
492 CEMENT PUMP	1.00	1085.00	1085.00
492 CASING FOOTAGE	1094.00	.23	251.62
492 EQUIPMENT MILEAGE (ONE WAY)	38.00	4.20	159.60
579 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 5010.58 if paid after 01/09/2014

Parts:	2909.25	Freight:	.00	Tax:	225.25	AR	4760.05
Labor:	.00	Misc:	.00	Total:	4760.05		
Sublt:	-238.67	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

Customer	JBD	State, County	Chautauqua , Kansas	Cement Type	
Job Type	longstring	Section	0	Excess (%)	30
Customer Acct #	0	TWP	0	Density	14
Well No.	County Farm 10-1	RGE	0	Water Required	0
Mailing Address	0	Formation	0	Yeild	1.74
City & State	0	Tubing	0	Sacks of Cement	110
Zip Code	0	Drill Pipe	0	Slurry Volume	0
Contact	0	Casing Size	4 1/2INCH,	Displacement	17.3
Email	0	Hole Size	6 3/4	Displacement PSI	0
Cell	0	Casing Depth	1094	MIX PSI	0
Dispatch Location	BARTLESVILLE	Hole Depth	1111	Rate	0

Remarks:

Hooked upto well ran 5bbls fresh ahead then mixed up 4sk of gel. Established circulation. Ran 110sk of class a chap.
 mix cement. Shut down washed up pump and lines. Dropped plug and displaced to bottom. Plug landed at 1200psi.
 Released pressure and plug held. Cement was circulated to surface.