



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179740
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: _____

1179740

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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CONSOLIDATED
Oil Well Services, LLC

CKET NUMBER 33878

LOCATION Oaklay, Ks

FOREMAN Milos Sherril

Walt Dinke

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	
2-6-12		KROME BERGEL #3	8	14s	32w	Logan	
CUSTOMER Blake Petroleum		Oaklay Ks		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		165		399	Daman Miller		
CITY		3W		528-7127	Coady Korts		
STATE		15					
ZIP CODE		E.S					

JOB TYPE Prod- HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 - 15.5#
 CASING DEPTH 2345' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
 DISPLACEMENT 5.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Safety Meeting, Rig up on Southwind #3, circ casing on bottom
Set Basket shoe @ 900#
Mix 20 SKs in MH, 30 SKs in RH. Mix 450 SKs 60/40 por, 8% tal, 1/4 # Flo-Seal
Clear Pump + Lines, release Plug + Displace 55 BBL H₂O @
900#, 1 cement Plug @ 1500#, release Pressure, Eject Hole!
Cement Did Circ

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2,050	2,050 ⁰⁰
5406	10	MILEAGE	5 ⁰⁰	50 ⁰⁰
1131	500 SKs	60/40 por	15 ¹⁰	7,550 ⁰⁰
1118B	3440 #	Bentonite	.25	860 ⁰⁰
1107	125 #	Flo-Seal	2.82	352 ⁵⁰
5407	21.5	Ton Mileage Delivery	16 ¹	410 ⁰⁰
4255	1	Basket Shoe	1,466 ⁰⁰	1,466 ⁰⁰
4454	1	Latch down Plug,assy	303 ⁰⁰	303 ⁰⁰
4130	3	Centralizers	58 ⁰⁰	174 ⁰⁰
4104	3	Baskets	276 ⁰⁰	828 ⁰⁰
				14,043 ⁵⁰
		Less 10% Disc	-	1,404 ³⁵
				12,639 ¹⁵
			SALES TAX	
			ESTIMATED	
			TOTAL	

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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER **33873**
LOCATION Oakley, KS
FOREMAN Walt Dinkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-28-12	1487	Kroneberger #3	8	14 ^s	32 ^w	Logan
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Blake Exploration, LLC			399	Damon Miller		
MAILING ADDRESS			460	Wes Flinn		
CITY	STATE	ZIP CODE				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 224' CASING SIZE & WEIGHT 8 5/8 - 23#
 CASING DEPTH 224 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Se Fat, Meeting. Rig upon Southwind #3
Circ casing on bottom. mix 175 sks com 3% cc - 7% cc
Displace 13 BBL H₂O @ 200# Skutic

Cement Job Circ.

Thank You
Walt + Cre.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,085 ⁰⁰	1,085 ⁰⁰
5406	10	MILEAGE	5 ⁰⁰	50 ⁰⁰
11043	175 SKS	Class A Cement	17 ⁶⁵	3,088 ⁷⁵
1102	495 #	Calcium Chloride	189	4,405 ⁵⁵
1118B	330 #	Bentonite	125	82 ⁵⁰
5407	8.23	Ton Mileage Delivery	167	410 ⁰⁰
				5156 ⁸⁰
		<u>Less 10% Disc</u>		515 ⁶⁸
				4,641 ¹²
			SALES TAX	
			ESTIMATED	
			TOTAL	

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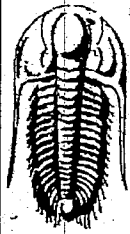
AUTHORIZATION

Tim Flinn

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.



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Blake Exploration, LLC

201 S. Main
Bogue KS 67625

ATTN: Mike Davignon

8-14s-32w Logan, KS

Kroneberger # 3

Job Ticket: 45101

DST#: 1

Test Start: 2012.02.03 @ 13:27:15

GENERAL INFORMATION:

Formation: "J"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:00:45

Time Test Ended: 20:23:00

Interval: 4045.00 ft (KB) To 4120.00 ft (KB) (TVD)

Total Depth: 4120.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)

Tester: Mike Roberts

Unit No: 48

Reference Elevations: 2865.00 ft (KB)

2855.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 6668

Outside

Press@RunDepth: 27.86 psig @ 4051.00 ft (KB)

Start Date: 2012.02.03

End Date: 2012.02.03

Capacity: 8000.00 psig

Last Calib.: 2012.02.03

Start Time: 13:27:15

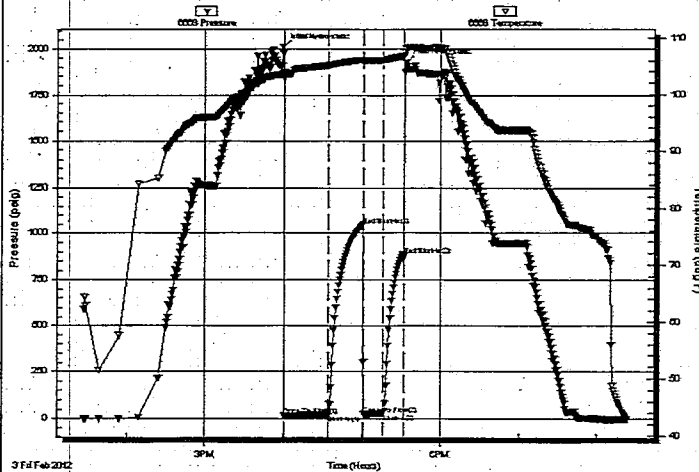
End Time: 20:23:00

Time On Btmr: 2012.02.03 @ 15:59:45

Time Off Btmr: 2012.02.03 @ 17:33:45

TEST COMMENT: IF: Built to 2" blow
IS: No return blow
FF: No blow
FS: No return blow

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2010.16	103.62	Initial Hydro-static
1	14.54	102.85	Open To Flow (1)
35	22.41	105.11	Shut-In(1)
61	1046.52	106.15	End Shut-In(1)
62	23.93	105.94	Open To Flow (2)
77	27.86	106.09	Shut-In(2)
93	883.92	106.76	End Shut-In(2)
94	1927.18	107.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	mud w with oil spots	0.28

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)