



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1180350
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: _____

1180350

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: Blake Exploration LLC

Address: 201 S. Main P.O. Box 150 Bogue KS.

Phone: (785) 421-2921 Operator License #: 33306

Type of Well: Oil Docket #: (Oil, Gas D&A) SWD, ENHR, Water Supply Well, Cathodic, Other (If SWD or ENHR)

The plugging proposal was approved on: 8-29-13 @ 1:30 P.M. (Date)

by: Richard Williams (KCC District Agent's Name)

Is ACO-1 filed? Yes No If not, is well log attached? Yes No

Producing Formation(s): List All (If needed attach another sheet)

Depth to Top: Bottom: T.D.

Depth to Top: Bottom: T.D.

Depth to Top: Bottom: T.D.

API Number: 15-171-21173-00-00

Lease Name: Ross

Well Number: No. 1

Spot Location (QQQQ): SW-NE-NE-NE

335 Feet from North / South Section Line

335 Feet from East / West Section Line

Sec. 18 Twp. 14 S. R. 32 East West

County: Logan

Date Well Completed: 8-31-13

Plugging Commenced: 12:45 A.M. 8-31-13

Plugging Completed: 4:00 A.M. 8-31-13

Show depth and thickness of all water, oil and gas formations.

Table with columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface Conductor & Production) (From, To, Size, Put In, Pulled Out)

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole.

Plug @ 2290' w/ 25sx @ 1160' w/ 100sx @ 275' w/ 40sx @ 40' w/ 10sx & 15sx In Mouse & 30sx In Rat. Cement w/ 220sx 10/40 P02 4% Gel 1/4# Floreal Pr 5x. Consolidated Cement Ticket No. 44298

Name of Plugging Contractor: Val Energy Inc, License #:

Address:

Name of Party Responsible for Plugging Fees: Blake Exploration LLC

State of County, ss.

(Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) [Handwritten Signature]

(Address) 1226 Harrison St Bend KS 67530

SUBSCRIBED and SWORN TO before me this day of 20

My Commission Expires: Notary Public

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CONSOLIDATED
Oil Well Services, LLC

261961

TICKET NUMBER 44298
LOCATION Oakley, ks
FOREMAN Walt Dinkel
Jerry Yates-Trancee

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
8-31-13	1487	Ross #1	18	145	32W	Logan
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			399	Jeremy Riosen		
CITY			397	Jack Johnson		
STATE						
ZIP CODE						
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
PTA	7 7/8	4500'				
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
	4 1/2					
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
13.2						
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
			5 BPM			

REMARKS: Safety Meeting, rig up on Val #4, Plug as ordered

25 SKS @ 2290'
100 SKS @ 1160' 220 SKS @ 40 per, 40 gal 1/4" Flow-Seal
40 SKS @ 295'
10 SKS @ 40'
15 SKS in M.H.
30 SKS in R.H.

Thank You
Jerry - Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,395.00	1,395.00 ✓
5406	20	MILEAGE	5.25	105.00 ✓
1131	220 SKS	60/40 per	15.86	3,489.20 ✓
1183	756 #	Beatauro	.27	204.12 ✓
1107	55 #	Flow-Seal	2.97	163.35 ✓
5407	9.46	Ton Mileage Delivery	1.75	430.00 ✓
4432	1	8 5/8 wooden Plug	100.75	100.75 ✓
				5,887.42 ✓
				- 588.24 ✓
				5,299.18 ✓
			SALES TAX	272.48 ✓
			ESTIMATED TOTAL	5571.16 ✓

Completed

Revin 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

TICKET NUMBER 38062
LOCATION Oakley, KS
FOREMAN Kelly Gabe

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	
8-21-13	1487	Ross #1	18	14 ^s	32 ^w	ks logan	
CUSTOMER		Oakley South to Mustang Rd 25 w into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				309	Jordan		
CITY		STATE	ZIP CODE	566	Jeremy R		
					Steven		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 229 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 229 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'
 DISPLACEMENT 13 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Val #4, hooked up to circulate, mixed 165 sks com 30% cc 20% gel, displaced with 13 bbl water, shut in,

Cement did circulate

Approx 8 bbl to pit

*Thank You
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150 ⁰⁰	1150 ⁰⁰
5406	20 mi	MILEAGE	535	10700
11045	165 sks	Class A cement	1855	306075
1102	465 #	Calcium chloride	.94	43710
1118B	310 #	Bentonite	.27	8370
5407	7.75	Ton mileage delivery	175	43500
				5216055
		<u>Load 1070</u>		52665
				473989
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

[Signature]

AUTHORIZATION _____ TITLE _____ DATE 8-21-13

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.