



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183167
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: _____

1183167

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

263580

TICKET NUMBER 44798

LOCATION Ottawa KS

FOREMAN Fred Maden

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
10-28-13	7752	Kandall Dice # D-13	S422	26	18	AL
CUSTOMER			TRUCK #			
SCZ Resources LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
8614 Cedarspur Dr			DRIVER			
CITY			TRUCK #			
Houston			DRIVER			
STATE			TRUCK #			
TX			DRIVER			
ZIP CODE			TRUCK #			
77055			DRIVER			

JOB TYPE long string HOLE SIZE 6 1/8 HOLE DEPTH 580' CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 865' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.03 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump
100# Gel Flush. Mix + Pump 144 sks 50/50 Poz Mix Cement
290 gal. Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing TD. Pressure to 200# PSI. Release
pressure to set float valve. Shut in casing

Customer supplied 2 1/2" Rubber Plug

JTC Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	65 mi	MILEAGE	495	273 ⁰⁰
5402	865'	Casing footage		N/C
5407A	402.48	Tax Miles	503	567 ⁵⁰
5502C	2 hrs	80 BBL Vac Truck	675	180 ⁰⁰
1124	144 sks	50/50 Poz Mix Cement		1656 ⁰⁰
1118B	342#	Premium Gel		75 ²⁴
			7.9%	SALES TAX
				125 ⁴⁴
				ESTIMATED TOTAL
				3967 ⁸⁵

Revin 3737

AUTHORIZATION Ja Joseph 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

Operator License #	34897	API #	15-001-30819-00-00		
Operator	SCZ Resources	Lease Name	Kendall Dice		
Address	8614 Cedarspur Drive	Well #	D-13		
City	Houston, TX 77055	Spud Date	10/23/13		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 27	T 26	R18E
T.D.	880		165 feet from	N	line
T.D. of pipe	865		2145 feet from	W	line
Surface pipe size	7"	County	Allen		
Surface pipe depth	20'				
Well Type	Production				

Driller's Log

Thickness	Strata	From	To	
7	Dirt/Clay	0	7	
11	Lime Mix	7	18	
19	Lime	18	37	
21	Shale	37	58	
13	Lime	58	71	
55	Shale	71	126	
67	Lime	126	193	
6	Shale	193	199	
6	Lime	199	205	
3	Black Shale	205	208	
44	Lime	208	252	
3	Black Shale	252	255	
20	Lime	255	275	
140	Shale	275	415	
3	Lime	415	418	
18	Shale Mix	418	436	
2	Shale	436	438	
1	Lime	438	439	
15	Shale	439	454	
1	Top Sand	454	455	OK
3	OK	455	458	
2	OK	458	460	
2	End	460	462	Little
87	Sandy Mix	462	549	
14	Lime Mix	549	563	
37	Shale	563	600	
15	Lime Oil	600	615	
10	Mix Shale	615	625	
4	Lime	625	629	
146	Shale	629	775	
1	Top Sand	775	776	OK
2	OK	776	778	
2	OK	778	780	
19	Sandy Shale	780	799	
1	Top Sand	799	800	OK
1	Sand	800	801	OK
2	End	801	803	OK
13	Sandy Mix	803	816	
3	Red Shale	816	819	

16	Shale	819	835	
2	Top Sand	835	837	OK
43	Sandy Mix	837	880	