



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1183179  
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: \_\_\_\_\_

1183179

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
OIL WELL SERVICES, L.L.C.

TICKET NUMBER 44756

LOCATION O'Fallon, KS

FOREMAN Fred Miller

PO Box 684, Chanute, KS 66720  
820-431-8210 or 800-467-6676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CL. CUSTOMER #	WELL NAME & NUMBER	DIRECTION	OWNER	RANGE	COUNTY
10-14-13	7752	Hounded Dice # 7-3	26	18		26
CUSTOMER S.C.Z. Resources, LLC						
MAILING ADDRESS 6614 Cedarburg Dr Houston TX 77055						
JOB TYPE <u>Horizontal</u>						
CASING DEPTH <u>5830</u>						
SLURRY WEIGHT						
DISPLACEMENT <u>5.12 BBL</u>						

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Hood		
755	Har Bec		
675	Max Dad		
503	Don Dad		

HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
6 1/2	5830	2 3/4 EWE
DRILL PIPE	TIMING	OTHER
WATER GALL	CEMENT LEFT IN CASING	PLUG
		2 3/4 Plug
DISPLACEMENT PSI	WIX PSI	RATE
		4.12 BPP

REMARKS: Hold safety meeting. Establish pump rate - Mix Pump 100% Gal  
Flush - Mix & Pump 143 SK 50/50 Per M's Cement 2 3/4 Gal  
Cement to surface Flush pump & lines clear. Displace 2 3/4"  
public plug to casing TD. Pressure to 800. Hold & Monitor  
pressure for 30 min. M.T. Release pressure based float valve

Wix Cement supplied 2 3/4" Rubber Plug

JTC Drilling

Fred Miller

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	195	195.00
5406	6.5 mi	MILEAGE	495	322.50
5402	463	Casing footage		463.00
5407A	399.28	Tank Miles	503	563.28
5402C	2 hrs	80 BBL Van Truck	675	180.00
1124	143 SK	50/50 Per M's Cement		1644.00
1160	370*	Pre-mix Gal.		74.00
			7.48	SALES TAX 127.39
				ESTIMATED TOTAL 3245.09

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.

Operator License # 34897  
 Operator SCZ Resources  
 Address 8614 Cedarspur Drive  
 City Houston, TX 77055  
 Contractor JTC Oil, Inc.  
 Contractor License # 32834  
 T.D. 880  
 T.D. of pipe 864  
 Surface pipe size 7"  
 Surface pipe depth 20'  
 Well Type Injection

API # 15-001-30789-00-00  
 Lease Name Kendall Dice  
 Well # I-3  
 Spud Date 10/10/13  
 Cement Date  
 Location Sec 22 T 26 R 18  
 330 feet from S line  
 2310 feet from W line  
 County Allen

Driller's Log

Thickness	Strata	From	To	
8	Dirt/Clay	0	8	
10	Stone Mix	8	18	
18	Lime	18	36	
22	Shale	36	58	
13	Lime	58	71	
55	Shale	71	126	
65	Lime	126	191	
7	Black Shale	191	198	
22	Lime	198	220	
5	Black Shale	220	225	
25	Lime	225	250	
5	Shale	250	255	
20	Lime	255	275	
137	Shale	275	412	
6	Lime	412	418	
9	Shale Mix	418	427	
8	Shale	427	435	
10	Lime	435	445	
6	Shale	445	451	
1	Sand	451	452	OK
2	Sand/Shale	452	454	Oil Sand
1	Sand/Shale	454	455	
1	Sand	455	456	OK Bleed
2	Sand	456	458	OK-1 ft.
17	Sandy Shale	458	475	
70	Sand Mix	475	545	No Oil
8	Lime	545	553	
6	Shale	553	559	
4	Lime	559	563	
38	Shale	563	601	
14	Lime	601	615	
9	Mix	615	624	
4	Lime	624	628	
77	Shale	628	705	
3	Coal	705	708	
71	Shale	708	779	
1	Oil Sand	779	780	Top
2	OK	780	782	

2	Good	782	784	
2	Good	784	786	
2	End	786	788	
21	Sandy Shale Mix	788	809	
1	Sand	809	810	OK
2	OK	810	812	
2	End	812	814	
20	Shale Mix	814	834	
4	Sand	834	838	No Oil
42	Sandy Mix	838	880	