



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183194
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: _____

1183194

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 204, Crane, KS 65720
620-421-9210 or 800-457-9876

TICKET NUMBER 44757
LOCATION Customer #3
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	HOWSHIP	RANGE	COUNTY	
10-18-13	2753	Kenda @ 0.00 I-10	SU 228	24th	18	OL	
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER	
SCZ Resources LLC			212	F. H. Pad			
MAILING ADDRESS			475	Hex Bag			
8614 Cedarport Dr			349	Qu. MAT			
CITY	STATE	ZIP CODE	510	Ex T. T. C.			
Houston	TX	77055					
JOB TYPE	Completion	HOLE SIZE	64	HOLE DEPTH	980'	CASINO SIZE & WEIGHT	2 3/8" EUE
CASING DEPTH	216'	DRILL PIPE		TUBING		OTHER	
SALARY WEIGHT		SLURRY VOL		WATER GALS		CEMENT LEFT IN CASINO	2 1/2" Plug
DISPLACEMENT	502 Bbl	DISPLACEMENT MG		MIX PSI		RATE	50 B/M

REMARKS: Hold safety meeting. Establish pump rate. Mix Pump on. Get flow. Kill + Pump 1/43 slug 50/50 Portland Cement 2 3/8" Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing ID. Pressure to 900 PSI. Hold + Monitor pressure for 30 mins. M.T. Balance pressure to set/land valve. Shut in Casing.

Customer Supplied 2 1/2" Rubber Plug.
JTS Drilling. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
100500	1	PUMP CHARGE	450	450.00
5400	-	MILEAGE		N/C
5402	263	Casing footage		263
5407	379.68	Ten Miles	570	568.38
45000	2hrs	90 BBL Vac Truck	360	180.00
1124	143 lbs	50/50 Portland Cement		1674.00
1140	470	Precision Lub.		741.00
			27%	SALES TAX ESTIMATED TOTAL
				182.00
				3675.00

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 for

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 862
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-001-30792-00-00
 Lease Name Kendall Dice
 Well # I-10

Spud Date
 Cement Date
 Location Sec 22 T 26 R 18
 330 feet from S line
 1980 feet from W line
 County Allen

Driller's Log

Thickness	Strata	From	To
7	Dirt	0	7
12	Stone Mix	7	19
15	Lime	19	34
21	Shale	34	55
13	Lime	55	68
54	Shale	68	122
70	Lime	122	192
6	Shale	192	198
7	Lime	198	205
7	Sandy Shale	205	212
11	Lime	212	223
4	Shale	223	227
25	Lime	227	252
6	Black Shale	252	258
20	Lime	258	278
137	Shale	278	415
5	Lime	415	420
10	Mix	420	430
7	Shale	430	437
9	Lime	437	446
8	Shale	446	454
1	Sand	454	455
2	Sand	455	457
93	Sandy Mix	457	550
4	Lime	550	554
2	Shale	554	556
7	Lime	556	563
37	Shale	563	600
15	Lime	600	615
10	Mix	615	625
5	Lime	625	630
76	Shale	630	706
3	Coal	706	709
11	Shale	709	720
3	Coal Mix	720	723
53	Shale	723	776
2	Sand	776	778
2	Good	778	780

OK
 No Oil

OK

2	Good	780	782	
2	OK	782	784	
21	Shale	784	805	
5	Sand	805	810	
13	Shale	810	823	
3	Sand	823	826	No Oil
54	Sandy Shale Mix	826	880	
#VALUE!				
#VALUE!				
#VALUE!				