



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183221
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: _____

1183221

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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CONSOLIDATED
Oil Well Services, LLC

263582

TICKET NUMBER 44800

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-25-13	7752	Kendall Dice # D-14	S14 22	26	18	AL
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						

SCZ Resources LLC

8614 Cedarspur Dr.
Houston TX 77055

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Norbon		
675	Kai Dett		
548	Mikha		

JOB TYPE Long string HOLE SIZE 6 1/8 HOLE DEPTH 580 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 565 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 503 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE SBPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 100# Gel Flush. Mix Pump SKS 50/50 Poz Mix Cement 2 7/8 Gel. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut-in casing.

Customer applied 2 1/2" Rubber Plug.

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1065 ⁰⁰
5406	-	MILEAGE		N/C
5402	865	Casing footage		N/C
5407A	402.48	Ten Miles	510	567 ⁵⁰
5502C	2 hrs	80 BBL Vac Truck	675	180 ⁰⁰
1104	144 SKS	50/50 Poz Mix Cement		1656 ⁰⁰
1180	342 #	Premium Gel		75 ²⁴
			740	
			SALES TAX	128 ⁴¹
			ESTIMATED TOTAL	3691 ⁹⁵

Revin 3737

AUTHORIZATION J.R. 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 #	15-001-30820-00-00		
Operator	SCZ Resources	Lease Name	Kendall Dice		
Address	8614 Cedarspur Drive	Well #	D-14		
City	Houston, TX 77055	Spud Date	10/24/13		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 27	T 26	R 18E
T.D.	880		495 feet from	N	line
T.D. of pipe	864		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	0	7	
11	Stone Mix	7	18	
26	Lime	18	44	
21	Shale	44	65	
14	Lime	65	79	
54	Shale	79	133	
64	Lime	133	197	
6	Black Shale	197	203	
5	Lime	203	208	
5	Black Shale	208	213	
42	Lime	213	255	
4	Black Shale	255	259	
20	Lime	259	279	
139	Shale	279	418	
3	Lime	418	421	
7	Mix	421	428	
7	Red Shale	428	435	
4	Mix	435	439	
11	Lime	439	450	
7	Shale	450	457	
1	Top Sand	457	458	OK
2	Sand	458	460	OK
2	End	460	462	
87	Sandy Shale	462	549	
16	Lime	549	565	
38	Shale	565	603	
17	Lime Oil	603	620	
10	Mix	620	630	
4	Lime	630	634	
133	Shale	634	767	
1	Oil Sand	767	768	OK
2	Good	768	770	
2	OK	770	772	
2	Sandy Shale	772	774	
4		774	778	
2	Top Sand	778	780	OK
2	Good	780	782	
2	OK	782	784	

2	End	784	786	Little
15	Sandy Mix	786	801	
2	Top Sand	801	803	OK
2	OK	803	805	
1	OK	805	806	
74	Sandy Shale Mix	806	880	