

Co	nfiden	tiality	/ Requested:
	Yes	N	lo

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1183274

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			Sec.	TwpS. R	East West		
Address 2:			Fe	eet from North /	South Line of Section		
City: S	tate: Ziŗ	D:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□ NE □ NV	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	Lona: _			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	W	/ell #:		
	-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW	Total Vertical Depth:	Plug Back Total C	Depth:		
CM (Coal Bed Methane)	G5W	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Con	e Expl etc.)		Multiple Stage Cementing		_		
If Workover/Re-entry: Old Well In			If yes, show depth set:				
Operator:			If Alternate II completion, o				
Well Name:			feet depth to:				
Original Comp. Date:			loot doparto.				
Deepening Re-perf.	_	NHR Conv. to SWD	5				
Plug Back	Conv. to GS		Drilling Fluid Manageme				
			Chlarida contenti	nom Fluid valums	bblo		
Commingled	Permit #:		Chloride content:	• •			
Dual Completion	Permit #:		Dewatering method used:				
SWD	Permit #:		Location of fluid disposal if	hauled offsite:			
☐ ENHR	Permit #:		Operator Name:				
☐ GSW	Permit #:		Lease Name:				
			Quarter Sec				
Spud Date or Date Recompletion Date	ached TD	Completion Date or Recompletion Date	County:				

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 Approved by: Date:

Page Two



Operator Name:			L	ease Name: _			Well #:		
Sec Twp	S. R	East We	est C	County:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,	
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taker (Attach Additional		Yes [No	L	_	on (Top), Depth an		Sample	
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum	
Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No									
List All E. Logs Run:									
		(CASING REC	ORD Ne	ew Used				
		· ·		ıctor, surface, inte	ermediate, producti	1		I	
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	
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cem	ent #	# Sacks Used Type and Percent Additives					
Perforate Protect Casing	100 20111111								
Plug Back TD Plug Off Zone									
1 lag on zono									
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)	
Does the volume of the to		•				_ ` ` '	p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD - Bri Footage of Each Into				cture, Shot, Cement		d Depth	
	, ,	<u> </u>			,	·			
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:				
						Yes No			
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity	
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PPODUOTIO	ON INTERVAL.	
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)			



264166

LOCATION O + Lawa KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

020-431-3210	01 600-401-0070			CEMIEN				
DATE	CUSTOMER#	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11/19/13	7752	Kendal D	Kendal Dice # D-23			26	18	AL
CUSTOMER								
	CI Res	SOUVCES	LLC	.↓ [TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	_			1 1	712	Fre Mad		
	14 Ced] [495	Horbec		
CITY		STATE	ZIP CODE		675	Kei Dox		
14005	ton	TX	77055] [510	Set Tuc		
JOB TYPE L	orgstring	HOLE SIZE	6	_ HOLE DEPTH	689	CASING SIZE & W	EIGHT 22%	EUE
CASING DEPTH	865	DRILL PIPE		_TUBING	· · · · · · · · · · · · · · · · · · ·		OTHER	
SLURRY WEIGH	rr	SLURRY VOL_		WATER gal/si	k	CEMENT LEFT in	CASING <u>245</u> "	Plug
DISPLACEMENT	r <u>5.03</u>	DISPLACEMEN	T PSI	MIX PSI		RATE <u>5 B ρ</u>	n	<u> </u>
REMARKS: He	ld arew	safety	neetine.	Establ	ish Duma	rate. Mir	K Peron	100
						or mix Con		
Cem		surface.	Flush	pamp Y	- lives cl	eou. Disp	hee 2/2"	1
Rub	ber sluc	to case	, TO. P	10 CE U1	to soo	+ psi. Re	lease are	SSUV
to		at value		I,h Ca			7	
						1 .		
了·	TO Deills					Ful Mal	2	
		T						
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401			PUMP CHARG	E		495		10 8500
5406		65mi	MILEAGE			495		273 000
5402		865	Cash	- Foo You	4			N/c
	7	PO 13	-th- 1/		,	510		C2 C 97

CODE	QUANITY or UNITS	DESCRIPTION OF SERVICES OF PRO	ODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	495		10 85.00
5406	65mi	MILEAGE	495		273 00
5402	865	Casing Footoge			N/c
5407A	380.12	for Mila	510		535 ²⁷
550ac	2hrs_	KO BBL Vac Truck	475		180 00
<u> </u>	136 sks	Promisma Cul.			156499
11183	329*	Promium Cul.			7238
H409-		22" RNbber Plug			<u> ప</u> రిహై
			2.4%	SALES TAX	12325
Revin 3737	Q n a			ESTIMATED TOTAL	386313

AUTHORIZTION KASHEL MAN

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 # 15-001-3087-40-00 15-001-3087-40								
Address		Operator License #	34897		API#		4-00-00	
City								
Contractor JTC Oil, Inc. Spud Date 11/12/13			·		Well #	D-23		
Contractor License # 32834		-						
T.D. Section Section Section No line Section No line						11/12/13		
T.D. of pipe 863 20' Surface pipe size 7" County Allen W line Surface pipe depth 20' County Allen W line Surface pipe depth 20' County Allen W line Surface pipe size Production Driller's Log								
Surface pipe stept 20'								
New New								
Thickness							W	line
Thickness Strata From To 7 Dirt 0 7 Dirt 0 7 A47 A47 A47 A47 A47 A47 A47 A47 A47 A					County	Allen		
Thickness Strata From To 7 Dirt 0 7 40 Lime 7 47 21 Shale 47 68 13 Lime 68 81 50 Shale 81 131 66 Lime 131 197 6 Shale 197 203 21 Lime 203 224 5 Shale 224 229 26 Lime 229 255 4 Shale 255 259 18 Lime 259 277 140 Shale 277 417 6 Lime 417 423 12 Shale 423 435 5 Red Shale 435 440 9 Lime 440 449 8 Shale 449 457 1 Top Sand 457 <								
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18 Shale 788 806 6 Sand 806 812 No Oil	2	OK	784	786				
6 Sand 806 812 No Oil	2	End	786	788				
	18	Shale	788	806				
32 Shale 812 844	6	Sand	806	812	No Oil			
	32	Shale	812	844				

Sand

ОК