



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183711
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: _____

1183711

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 44858

LOCATION Ottawa

FOREMAN Alan 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
12-3-13	7752	Dice D-30	SW 22	26	18	OK
CUSTOMER <u>SLZ Resources</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>8614 Cedarspur Dr</u>			<u>730</u>	<u>Al Mad</u>	<u>Safety</u>	<u>Meat</u>
CITY <u>Houston</u>			<u>368</u>	<u>Al Mad</u>		
STATE <u>Tx</u>			<u>675</u>	<u>Mik Hgg</u>		
ZIP CODE <u>77055</u>			<u>358</u>	<u>Max Coc</u>		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 880 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 865 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hold meetings. Established rate down casing. Mixed and pumped 100# gel followed by 143 wk 50/50 cement plus 2 1/2 gels. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float closed valve.

IITC Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 ⁰⁰
5406	65	MILEAGE	368	273 ⁰⁰
5402	865	casing footage	368	
5407A	399.69	ten miles	558	563.56
5302C	1 1/2	80 vac	675	135 ⁰⁰
1124	143	50/50 Cement		1644.50
1118B	340#	gel		74.80
4402	1	2 1/2 plug		29.00
			SALES TAX	129.41
			ESTIMATED	
			TOTAL	3934.77

AUTHORIZATION Ja Jessup 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 865
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-001-30875-00-00
 Lease Name Kendall Dice
 Well # D-30
 Spud Date 11/21/13
 Cement Date
 Location Sec 27 T 26 R 18
 825 feet from N line
 1485 feet from W line
 County Allen

Driller's Log

Thickness	Strata	From	To	
8	Dirt	0	8	
35	Lime	8	43	
25	Shale	43	68	
10	Lime	68	78	
51	Shale	78	129	
63	Lime	129	192	
7	Shale	192	199	
24	Lime	199	223	
5	Shale	223	228	
25	Lime	228	253	
5	Shale	253	258	
20	Lime	258	278	
142	Shale	278	420	
6	Lime	420	426	
9	Shale	426	435	
13	Lime	435	448	
8	Shale	448	456	
2	Top Sand	456	458	Good
2	Top Sand	458	460	Good
2	Top Sand	460	462	Good
2	Little	462	464	OK
10	Sandy Shale	464	474	
79	Shale	474	553	
15	Lime	553	568	
38	Shale	568	606	
16	Lime Oil	606	622	
6	Shale	622	628	
3	Lime	628	631	
142	Shale	631	773	
1	Top Sand	773	774	OK
2	OK	774	776	
7	Sandy Shale	776	783	
1	Top	783	784	OK
2	OK	784	786	
2	OK	786	788	
16	Shale	788	804	
4	Sand	804	808	No Oil
2	Top Sand	808	810	OK
2	End	810	812	Little
25	Sandy Shale	812	837	
1	Top Sand	837	838	OK
2	OK	838	840	
2	Good	840	842	
2	Good	842	844	
2	OK	844	846	
34	Shale Mix	846	880	