



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190160
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: _____

1190160

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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Form	ACO1 - Well Completion
Operator	AAS Oil Co., Inc.
Well Name	Schrag 2
Doc ID	1190160

All Electric Logs Run

Dual Compensated Porosity Log
Computer Processed Interpretation
Microresistivity Log
Dual Induction Log



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43161
LOCATION 180
FOREMAN Lenny Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-191-22708-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-13	1091	Schnaq #2	24	345	2E	Sumner
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
HAS Oil			539	Lenny		
MAILING ADDRESS			446	Josh		
2508 Edgemont Ave Ste #4			502	Levi		
CITY	STATE	ZIP CODE				
Arkansas City	Ks	67005				

JOB TYPE Prod B HOLE SIZE 7 7/8 HOLE DEPTH 3640 CASING SIZE & WEIGHT 5 1/2 13 1/2
 CASING DEPTH 3165 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 51 1/2 WATER gal/sk 6.7 CEMENT LEFT in CASING 3 ft
 DISPLACEMENT 75.33 DISPLACEMENT PSI 975 MIX PSI 100 RATE 2.8 bbls

REMARKS: Drilled up to 5 1/2 - Broke (Circulator) - Set Basket Shoes
at 12:50 lbs - Pumped 5 bbls Fresh water. Annular - M PRED 175 sks
Class A + 3% Gel + 2% CaCl2 + 1 lb Pheno + 1/4 lb Poly - Flushed
Pump & Pipes - Displaced Plug with 75.27 bbls do land Plug at
12:50 lbs - Released float held -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	69	MILEAGE	4.20	289.80 ✓
2402	665	Footage	.23	152.95 ✓
11042	175	skt #	15.70	2747.50 ✓
1102	240	lbs CaCl2	.78	187.20 ✓
1118B	525	lbs Gel	.22	115.50 ✓
1107A	200	lbs Pheno	1.35	270.00 ✓
1107	50	lbs PolyFlake	2.47	123.50 ✓
5407A	69	Bulk Density x 8.25 x	1.41	802.64 ✓
7310	1	1 ft sub-5 1/2	142.50	142.50 ✓
4255	1	5 1/2 Type B Shoes	1386.00	1386.00 ✓
4454	1	5 1/2 Latchdown Plug	266.75	266.75 ✓
4104	3	5 1/2 Cement Baskets	290.00	870.00 ✓
4136	5	5 1/2 Tubing Coupl	72.50	362.50 ✓
4130	4	5 1/2 Reg Coupl	50.50	202.00 ✓
		Subtotal		9003.84 ✓
		262808	SALES TAX	443.90 ✓
			ESTIMATED TOTAL	9447.74 ✓

Ravin 9737

AUTHORIZATION [Signature] TITLE Prod Supt. 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



PO Box 884, Chanute, KS 66720
820-431-9211 or 800-467-8676

ENTERED

TICKET NUMBER 43156
LOCATION 180
FOREMAN Larry Storms

FIELD TICKET & TREATMENT REPORT

CEMENT APT-15-191-22708-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20-13	1091	Scheng #2	24	34S	2E	Sumner
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
AAS Oil Co Inc			467	Row		
MAILING ADDRESS			681	Timothy W		
2508 Edgemont Dr Ste #4			539	Larry		
CITY	STATE	ZIP CODE				
Arkansas City	KS	67005				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 276 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 271 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.0 SLURRY VOL. 39.03 WATER gal/sk 6.12 CEMENT LEFT in CASING 25 ft
 DISPLACEMENT 16.93 DISPLACEMENT PSI _____ MIX PSI 100 RATE 5.2 bbls
 REMARKS: Break Circulation - mixed 150 sks A + 3% CACH2 + 2% Gel
with Poly - Displaced 152 bbls - Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	69	MILEAGE	4.20	289.80 ✓
11045	150	5/8 A	18.70	2805.00 ✓
1102	400	lbs CACH2	.78	312.00 ✓
1107	75	lbs Poly	2.47	185.25 ✓
1118 B	300	lbs Gel	.22	66.00 ✓
5407A	69	Bulk DePorely x 7.5 tons x	1.41	729.68 ✓
		Ste 2003	Subtotal	4807.73 ✓
			SALES TAX	194.00 ✓
			ESTIMATED	
			TOTAL	5001.80 ✓

AUTHORIZATION M. Jeff TITLE Tool Pusher DATE 9-20-13

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