



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191503
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: _____

1191503

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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CONSOLIDATED
Oil Well Services, LLC

265224

TICKET NUMBER 44979

LOCATION OTZ aug

FOREMAN Alan Mader

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
1-9-14	4448	Harrison KR-16	NE 6	17	22	Mi
CUSTOMER Kansas Resources E&D			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 9393 W 110 th			730	Alan Mader	546	Meet
CITY Overland Park			368	Den Mas		
STATE KS			370	Kel Car		
ZIP CODE 66210			548	Mik Hgg		

JOB TYPE logstring HOLE SIZE 5 7/8 HOLE DEPTH 755 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 740 DRILL PIPE _____ TUBING _____ OTHER 708625FE
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing. Mixed and pumped 100# gel followed by 103 USK 50150 cement plus 2 7/8 gel & 1/2 phen seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valves.

Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	368	1085.00
5706	20	MILEAGE	368	84.00
5702	740	casing footage	368	184.00
5707	1/2 miles	ton miles		135.00
5502C	1 1/2	80 val		
1124	103	50/50 cement		1184.50
118B	273	gel		60.06
1107A	52	phen seal		70.20
4402	1	2 1/2 plug		29.50
<input checked="" type="checkbox"/> completed				
SALES TAX				102.83
ESTIMATED TOTAL				2935.09

Ravin 3737

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 form.

LEASE NAME: Harbison OPERATOR: Utahol START DATE: 3 Jun 14
 WELL: NR 16 LOCATION: Miami County API:
 SURFACE PIPE: 7" LT: 200 Cement: bags 6
 PRODUCTION: PIPE: USED SIZE: 2 7/8 = 734-75 740'

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
5	Seal/Clay		5	2	Lime		558
7	Lime		12	2	whit shale		558
6	Black Shale		18	1	Lime		559
12	Lime		30	19	Shale		578
2	Shale		32	4	Lime		582
1	Lime		33	7	Shale		589
11	Shale		44	1	Lime		590
22	Lime		66	11	Shale		601
2	Shale		68	3	Lime		604
2	Lime		70	12	Shale		616
2	Shale		72	4	Lime		620
18	Lime		90	14	Shale		634
92	Shale		182	1	Lime		635
14	Lime		196	5	Shale		640
2	Shale		198	3	Lime		643
4	Lime		202	6	Shale	Some smell	649
10	Shale		212	4	whit shale		653
6	Lime		218	1	Shale oil sand	Corepoint	654
12	Shale		230	3	Broken sand		657
2	Lime		232	1/4	Lime		657 1/4
37	Shale		269	4	oil sand		661
15	Lime		284	2	Broken sand		663
14	Shale		298	5	washed cutaway broken sand		668
12	Lime		310	1	gray sand		669
2	Shale		312	5	gray sand		674
12	Lime		324	74	Shale		748
6	Shale		330	7	lime	TD	755
24	Lime		354				
4	Shale		358	*	Corepoint	654-674 *	
4	Lime		362	*	1 core	*	
6	Shale		368			Rannie	
2	Lime		370				
168	Shale		538	*	Bled good throughout TD	*	
10	Lime		548				
6	Shale		554				