



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191504
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
-----------------------------------	-----------------	---

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: _____

1191504

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: _____ _____
--	---	---



265492

TICKET NUMBER 42560
 LOCATION Ottawa
 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
1-17-14	4448	Harbison KR-29	NE6	17	22	Mi
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources F2D			730	Alan Mader	Safety	Mead
MAILING ADDRESS			368	Der Mas		
9353 W 110th			675	Kei Det		
CITY	STATE	ZIP CODE	548	Mik Hag		
Overland Park	K.S	66210				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 767 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 756.05 DRILL PIPE _____ TUBING _____ OTHER 735
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing. Mixed and pumped 100 # gel followed by 108 sk 50150 cement plus 2% gel + 1/2 # Pheno seal per sack. Circulated cement. Flashed pump. Pumped plug to Baffle. Well held 800 PSI. Set float. Closed valve.

Utah, Ron

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406		MILEAGE	368	✓
5402	756.05	casing footage	368	✓
5407	1/2 mi	ton miles	548	184.00 ✓
5502C	1 1/2	80 val	675	135.00 ✓
1124	108 sk	50150 cement		1242.00 ✓
1118B	281 #	gel		61.82 ✓
1107A	54 #	Pheno seal		72.90 ✓
4402	1	plug		29.50 ✓
			<input checked="" type="checkbox"/>	completed
			SALES TAX	107.58 ✓
			ESTIMATED TOTAL	2917.80 ✓

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 fo

LEASE NAME: W-10, 50% OPERATOR: Utah oil
 WELL #: KR29 LOCATION: Miami County
 SURFACE PIPE: 7" H: 21'4" Cement: bags
 PRODUCTION: PIPE: used SIZE: 2 7/8 FT: 756.70 Baffle: 725.95

STAR DATE: 15 Jan 14
 API: _____

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
6	Soil		6	6	Lime		574
4	Lime		10	12	Shale		586
6	sand/clay		16	4	Lime		590
13	Lime		29	5	Shale		595
2	Shale		31	2	Lime		597
2	Lime		33	4	Shale	Black	601
25	Shale		58	5	Shale		606
12	Lime		70	1	Lime		607
76	Shale		146	15	Shale	Every 4'	622
23	Lime		169	4	Lime		626
29	Shale		198	4	Shale	Limey	630
3	Lime		201	2	Lime		632
11	Shale		212	2	Shale	oil show	634
4	Lime		216	1	Shale	white	635
35	Shale		251	1	Shale	white	636
17	Lime		268	6	whit shale	Little sand	642
14	Shale		272	1	whit shale	oil sand CP	643
10	Lime		292	6	Shale		648
5	Shale		297	6	gray sand		654
4	Lime		301	3	Broken sand		657
2	Shale		303	1	oil sand		658
5	Lime		308	1.5	Lime		659.5
6	Shale		314	1	oil sand		660.5
24	Lime		338	3.5	Lost Core ??		664
5	Shale		343	2	oil sand	good bleed CP	666
3	Lime		346	3	broken sand		669
4	Shale		350	5	oil sand		674
6	Lime		356	4	broken sand	washed out	678
118	Shale		474	5	broken gray	CP	683
2	broken sand	Little smell/bleed	476	2	oil sand	good bleed	685
47	Shale		523	1	broken sand		686
7	Lime		530	3	oil sand		689
7	Shale		537	1.5	broken sand		690
6	Lime		543	23.5	Shale		714
25	Shale		568	4	Lime		718
				49	Shale TD		76'

* 3 Cores *
 * Baffle 30.75 *

Ronnie