



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186717
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: _____

1186717

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	--	---

Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Lasso Energy LLC
Well Name	Bair 1
Doc ID	1186717

Tops

Name	Top	Datum
Iatan	1805	-443
Stalnaker	1835	-473
Perry	2006	-644
Layton	2237	-875
Kansas City	2400	-1038
Base Kansas City	2558	-1196
Marmaton Group	2623	-1261
Cherokee	2767	-1405
Cattleman	2865	-1503
Mississippian Chert	3038	-1676
Mississippian Lime	3050	-1688
Kinderhook	3482	-2120
Arbuckle	3541	-2122

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

INVOICE NUMBER:
C40561-IN

BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524

LEASE: **BAIR 1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/19/2013	C40561		12/16/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
100.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	400.00
100.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	200.00
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
150.00	SAX	COMMON CEMENT		0.00	11.25	1,687.50
6.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	240.00
156.00	EA	BULK CHARGE		0.00	1.25	195.00
729.00	MI	BULK TRUCK - TON MILES		0.00	1.10	801.90
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,474.40
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		COWCO Sales Tax:		60.80
		NET 30 DAYS		Invoice Total:		4,535.20

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid in full and reserve all the rights of a secured party under the Uniform Commercial Code



FIELD ORDER N° C 40561

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 12-17-13 20

IS AUTHORIZED BY: Lease Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Lease Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Cole State ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	1000	release pump truck	4.00	400.00
2	100	release pickup	2.00	200.00
2	1	Lease (Lease) (signature)		750.00
2	150	Common	11.75	1,762.50
2	6	Calcium Chloride	40.00	240.00
2	150	Bulk Charge	1.30	195.00
2		Bulk Truck Miles 7,797 x 1000 = 7,797,000	1.00	7,797.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				4,474.50

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Michael Lee

Station G.B.

Rince Kellin
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C40567-IN

BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524

LEASE: BAIR 1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/27/2013	C40567		12/18/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
100.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	400.00
100.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	200.00
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
140.00	SAX	COMMON CEMENT		0.00	11.25	1,575.00
1,000.00	LB	GILSONITE		0.00	0.50	500.00
160.00	EA	BULK CHARGE		0.00	1.25	200.00
708.00	MI	BULK TRUCK - TON MILES		0.00	1.10	778.80
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,603.80
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		COWCO Sales Tax:		60.80
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		4,664.60

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.



FIELD ORDER N° C 40567

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 10 15 13 20

IS AUTHORIZED BY: Lesco Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease None Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Collins State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	100	mileage pump truck	1.00	100.00
2	100	mileage pickup	2.00	200.00
2	1	Pump Charge (\$950.00)		950.00
2	146	Cement	11.52	1,575.92
2	1,000	Gilgocrite	.50	500.00
2	100	Bulk Charge	2.00	200.00
2		Bulk Truck Miles $70 \text{ IN T} \times 100 = 70.5 \text{ T} \times 1.10$	1.10	77.55
		Process License Fee on _____ Gallons		
TOTAL BILLING				4,603.80

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Michael W.

Station C-15

Russell Kelson

Well Owner, Operator or Agent

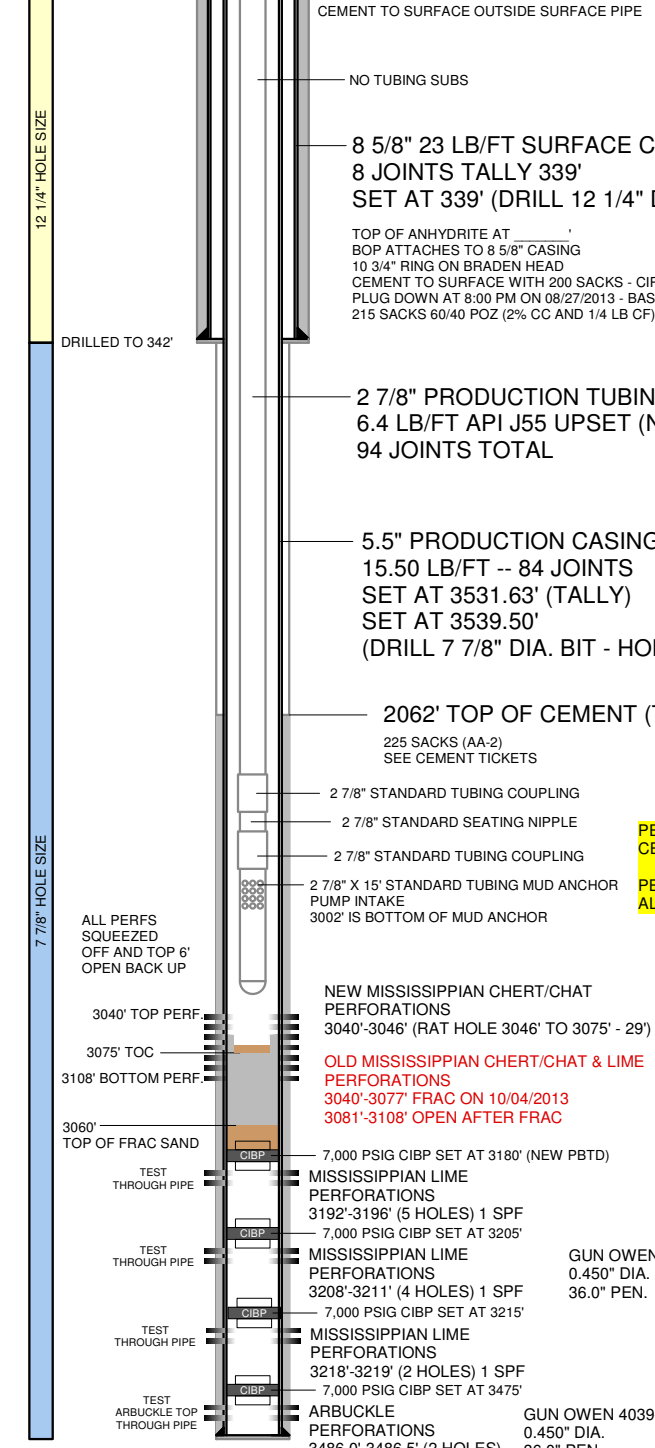
Remarks _____

NET 30 DAYS

SURFACE TEMP: 30 DEG F

K.B.: 8'
G.L. ELEVATION 1354' (SHL)

5 1/2" X 2 7/8" TUBING HEAD
SET TOP CLPG 12" AGL



NOTES:

PUMPING UNIT: C - 160 - 190 - 74 (74" SURFACE STROKE)
 CONVENTIONAL PARKERSBURG UNIT
 30 HP ELECTRIC MOTOR WITH 50 HP SPOCC VFD
 VFD INSTALLED
 RUN TIME: 24 HRS PER DAY
 1.25" X 16' POLISHED ROD WITH LINER ASSEMBLY (16')
 2' PONY ROD ON TOP (7/8" GRADE D) (2')
 1.50" X 8' HARD LINED POLISHED ROD LINER WITH SEAL (8')
 42 - 7/8" GRADE D SUCKER RODS ON TOP (1350')
 62 - 3/4" GRADE D SUCKER RODS ON BOTTOM (2075')
 14 - 7/8" X 25' SINKER BAR ON TOP OF PUMP
 ONE 2' X 7/8" GRADE D PONY ROD ON BOTTOM (TOP OF PUMP) (2')
 SPEED RANGE: 4 TO 14 SPM
 MAX. SPEED: 14 SPM
 CURRENT DISPLACEMENT: 390 BPD (2.00" BORE PUMP AT 12 SPM)
 MAX. DISPLACEMENT: 900 BPD (2.75" BORE PUMP W/TUBING ANCHOR)

TUBULARS

PURPOSE	CONDUCTOR	SURFACE	INTERMEDIATE	PRODUCTION	PROD. TUBING
SIZE	13 3/8"	8 5/8"		5 1/2"	2 7/8"
WEIGHT	NONE	2,946 PSIG	NONE	15.5 LB/FT	6.40 LB/FT
GRADE	NONE	J-55	NONE	J-55	J-55
BURST	NONE	24.0 LB/FT	NONE	4,812 PSIG	7,265 PSIG
COLLAPSE	NONE	381,395 LBF	NONE	4,043 PSIG	7,676 PSIG
YIELD	NONE	1,434 PSIG	NONE	248,274 LBF	99,661 LBF
CAPACITY	NONE	0.064 BBL/FT	NONE	0.024 BBL/FT	0.006 BBL/FT
THICKNESS	NONE	0.2640"	NONE	0.2750"	0.2170"
ID	NONE	8.0970"	NONE	4.9500"	2.4410"
DRIFT ID	NONE	7.9720"	NONE	4.8250"	2.3470"
AREA	NONE	51.49 IN ²	NONE	19.42 IN ²	4.68 IN ²
SETTING DEPTH	NONE	339'	NONE	3,532'	3,000' TO PUMP
LENGTH	NONE	339'	NONE	3,532'	NEED 3,525'
FOB	NONE	CHASE, KS	NONE	CHASE, KS	CHASE, KS
COST	NONE	\$ ____ / FT	NONE	\$ ____ / FT	\$ ____ / FT

DATE	07/29/2013
APPROVED BY	B. RELSO
AFE	TBD
API No.	1503524513000
GL ELEVATION	1354'
KB	8'
KB ELEVATION	1362'
RIG	FOSSIL #2

PERFORATIONS SQUEEZED OFF WITH 150 SACKS (12/16/2013)
 CEMENT FELL TO 3075' AND SET UP -- 3075' TO 3108' SEALED OFF

PERFORATIONS RE SQUEEZED OFF WITH 140 SACKS (12/18/2013)
 ALL PERFORATIONS ARE SEALED OFF -- 3040' TO 3075' SEALED OFF

MISSISSIPPIAN PERFORATIONS:

SINGLE STAGE FRAC (22 HOLES TOTAL)

MISSISSIPPIAN CHERT/CHAT
 3040'-3046' (2 SPF)
 HEIGHT (FT): 6
 TOTAL HOLES: 13

AND

MISSISSIPPIAN LIME
 3063'-3077' (1 SPF)
 HEIGHT (FT): 14
 TOTAL HOLES: 9
 3063, 3064, 3066, 3067, 3068,
 3069, 3073, 3076 & 3077

DOWN HOLE SUCKER ROD PUMP:

2.00" INSERT PUMP
 PUMP LENGTH: 16' (NICARD AND SS)
 BOTTOM HOLD DOWN TYPE
 TRAVELING BARREL
 2' X 7/8" PONY ROD ON TOP OF PUMP
 8' GAS SEPARATOR ON THE BOTTOM
 PUMP INTAKE DEPTH: 3002'
 PUMP IS SETTING 38' ABOVE THE PERFORATIONS
 GAS IS VENTING AT WELL HEAD (TUBING/CASING)

PBTD: 3500' MD TVD (NEW PBTD 3075')
 RTD: 3541' MD TVD
 LTD: 3541' MD TVD
 DOWNHOLE TEMP: 120 DEG F

BAIR #1

COWLEY COUNTY, KANSAS
 23-T32S-R06E
 SHL: 660 FSL, 660 FWL
 BHL: 660 FSL, 660 FWL
 LORTON FIELD

AFTER FRAC (24 HOLES)

3081, 3082, 3083, 3084,
 3085, 3086, 3087, 3088, 3089,
 3098, 3099, 3100, 3101, 3102,
 3103, 3104, 3105, 3106, 3107,
 3108

*(2 SPF ON 3081, 3087, 3103 & 3108)

RAT HOLE WILL BE FROM 3108' TO 3180' (72')

