



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1193321
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: _____

1193321

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
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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
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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> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Services, Inc.

CHARGE TO: Venture Resources
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET 25275
 wuf

PAGE 1 OF 1

1. SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
Hays ks	1 Swd own	Moure	Rowles	ks		1-22-14	
2. REFERENCE	TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
Ness City ks	<input checked="" type="checkbox"/> SERVICE			CT	Location		
3.	<input type="checkbox"/> SALES						
4. REFERRAL LOCATION	WELL TYPE	WELL CATEGORY	JOB PURPOSE		WELL PERMIT NO.	WELL LOCATION	
	SwD	Development	1 st between 5 1/2 + 8 1/8			Palco S. 20492 2E 15 W. 10	
	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT																																										
		LOC	ACCT	DF																																																	
575					MILEAGE # 112	50	m.			6.00	300.00																																										
576.5					Pump Charge	1	ea			1000.00	1000.00																																										
240					D-Dr	1	gal			42.00	42.00																																										
330					Surf's Multi Density	100	sts			18.50	1850.00																																										
581					Service Charge Leant	150	sts			2.00	300.00																																										
583					Drayage	374	tm			1.00	374.00																																										
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.					<table border="1"> <tr> <td>SURVEY</td> <td>OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?</td> <td>AGREE</td> <td>UN-DECIDED</td> <td>DIS-AGREE</td> <td>PAGE TOTAL</td> <td>3866.00</td> </tr> <tr> <td></td> <td>WE UNDERSTOOD AND MET YOUR NEEDS?</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OUR SERVICE WAS PERFORMED WITHOUT DELAY?</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARE YOU SATISFIED WITH OUR SERVICE?</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND</td> <td></td> <td></td> <td></td> <td>TOTAL</td> <td>3866.00</td> </tr> </table>							SURVEY	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	3866.00		WE UNDERSTOOD AND MET YOUR NEEDS?							OUR SERVICE WAS PERFORMED WITHOUT DELAY?							WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?							ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO					<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	3866.00
SURVEY	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	3866.00																																															
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	ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO																																																		
	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	3866.00																																															

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 1-21-14 TIME SIGNED: 1:00 P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

TAX SVD for Proj. Kell

SWIFT OPERATOR: WJ

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-21-14 PAGE NO.

CUSTOMER Venture	WELL NO. i SWD 0440	LEASE Mopfe	JOB TYPE 1" Between 52+878	TICKET NO. 25275
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							on location
								Tag @ 372 pull up to 341
	1050	6.5	3	✓		300		Start H ₂ O
			4	✓				Get circulation
		1.5		✓		400		Start cement
			38	✓				mixed low sls Suck cellar out
			38					Circulated cement
								wash up Mack up
	1230							Job complete Thank You Josh, Brian, Bob



CHARGE TO: Venture Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No. **25079**

PAGE 1 OF 2

SERVICE LOCATIONS

1. Hays, KS WELLPROJECT NO. H1 SWD LEASE Morre COUNTY/PARISH Rooks STATE KS DATE 1-11-14 OWNER Same

2. Ness City, KS WELLPROJECT NO. AMERICAN Eagle LEASE AMERICAN Eagle COUNTY/PARISH Rooks STATE KS DATE 1-11-14 OWNER Same

3. SWD WELLPROJECT NO. SWD LEASE SWD COUNTY/PARISH SWD STATE KS DATE 1-11-14 OWNER Same

4. SWD WELLPROJECT NO. SWD LEASE SWD COUNTY/PARISH SWD STATE KS DATE 1-11-14 OWNER Same

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					MILEAGE	#111	40.00				6.00	240.00
579					Pump Charge (Top to Bottom Longstring)		1.00	4332'			2000.00	2000.00
221					KCL		2.00	gal			25.00	50.00
281					Mudflush		5.00	gal			1.25	6.25.00
402					Centralizers		10.00	gal		5.5	7.00	70.00
403					Baskets		4.00	gal			300.00	1200.00
406					LD Plug & Backflow		1.00	gal			275.00	275.00
405					Packers Shoe		1.00	gal			1650.00	1650.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED 1-12-14 TIME SIGNED 0430 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

PAGE TOTAL 1 6740.00
 page 2 16840.50
 Subtotal 23580.50
 SWD d/cr
 TAX
 Page 1 of 2
 Total 23,580.50

SWIFT OPERATOR

M. M. [Signature]

APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!



Services, Inc.

PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 25079

CUSTOMER
Venture Resources

WELL
Moore #1 SMD

DATE
1-11-14

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	UM		
330		2				SMD Cement	700	SKS	18.50	12950.00
276		2				Floccid	175	#	2.54	437.50
581		2							2.00	1400.00
583		2							1.00	2053.00
SERVICE CHARGE						700 SKS				
MILEAGE CHARGE						68432				
TOTAL WEIGHT						60				
LOADED MILES						2053				
CUBIC FEET										
TON MILES										

CONTINUATION TOTAL 16840.50

JOB LOG

SWIFT Services, Inc.

DATE 1-11-14 PAGE NO. 7

CUSTOMER Venture Resources WELL NO. #1 SWD LEASE Moore JOB TYPE T to B Longstring TICKET NO. 25079

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2330							on loc w/FE
								RTD 4332'
								5 1/2" x 15.5# x 4055' x 42'
								Cent 1, 3, 5, 7, 9, 11, 13, 15, 54, 74
								Base 2, 14, 54, 74
	2345							Start FE
	0120							on Bottom Break Circ.
	0210						1900	Set Pkr Shoe
	0215	2.5	7					Plug RH 300sk SMD
	0225	5	0				200	Start Mud Flush 50 gal
			12/0				200	Start KCL Flush 20 bbl
	0230		20/0				200	Start 300sk SMD @ 11.2#
	0305		170/0				200	Start 170sk SMD @ 12.5#
	0320		75/0				200	Start 100sk SMD @ 13#
	0325		31/0				200	Start 100sk SMD @ 14.5#
	0330		28					End Cement
								wash PTL (shut down water connection break at Tank)
	0345	6	0				200	Drop L.D. Plug
	0347	5	33				250	Start Displacement
	0405		95.5				1000 1600	catch Cement Land Plug
								did not circ cement
								Thank you
								Nick, David E. & Russ