



Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:

Yes No

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: _____

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: 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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mike Kelso Oil, Inc.
Well Name	Big Red 6
Doc ID	1197821

Tops

Name	Top	Datum
BR LM	3040	1214
LANS	3089	1263
LANS G	3152	1326
STARK	3265	1439
BKC	3325	1499
SIMP SH	3358	1532
SIMP SD	3374	1548
ARB	3384	1558

Mike's Testing & Salvage Inc.

P.O. Box 467
 Chase, KS 67524

Invoice

Date	Invoice #
3/26/2014	14380

Bill To
Mike Kelso Oil, Inc. P.O. Box 467 Chase, Kansas 67524

P.O. No.	Lease	County
	Big Red #6	Rice

Qty	Description	Rate	Amount
116	<p>HRS - OLD WELL DEEPENED</p> <p>2/28/14 Moved in rig. Rigged up to drill out surface. Cut rat hole. Cement @ surface. Drilled out of cement @ 350', circulated hole. Pulled up into surface, shut down. 10hrs</p> <p>3/4/14 Started back up. Drilled & cleaned out to 790'. Hit cement @ 790'. Fell out of cement @ 905'. 24hrs</p> <p>3/5/14 Cleaned out to 1290'. Hit cement @ 1290'. Fell out of cement @ 1320'. Cleaned out hole to 2131'. 24hrs</p> <p>3/6/14 Cleaned out to 2499'. Jet pits, mudded up hole. Drilled down to 3180'. Hit cement, drilled out of cement @ 3270'. 24hrs</p> <p>3/7/14 Drilled down to 3400', couldn't get bit to pull up past 3340'. Worked drill pipe for 4hrs. Put 20bbls of crude oil in mud. Circulated hole for 2 hrs. Got bit to pull loose. Cleaned out to 3510', circulated hole for 2hrs. Laid down drill pipe & collars. Got ready to run casing. Ran in floatshoe, 15.22 shoe joint, baffle and 5-1/2 casing to 3497'. Centralizers on 1st-3rd-6th-8th-10th joints. Rigged up Copeland, circulated mud for 30mins. Pumped 600gals mud flush. Plugged rat hole with 25sx cement mixe 200sx 60/40poz 2% gel 18% salt. Displaced with 84.9bbls @ 6BPM 950#. Plugged landed at 1500#. Released pressure, float held. Ticket#C40407. 24hrs</p> <p>3/8/14 Tore rig down. Moved rig to Chase yard. 10hrs.</p> <p>Sales Tax</p>	<p>375.00</p> <p>7.15%</p>	<p>43,500.00</p> <p>0.00</p>
Total			\$43,500.00

KCC WICHITA
 APR 03 2014
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Date 3/7/2014 District G.B. F.O. No. C40407
 Company Mike Kelso Oil
 Well Name & No. Big Red #6
 Location _____ Field _____
 County Rice State KS

Casing: Size 5.5" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: _____ Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel Nathan Greg Joe
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____
 _____ Gals. _____ lb.

Company Representative Mike K. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:00		5.5"		On Location. Run float equipment.
				TD-3510
				5.5"-3497' Centralizers- 1-3-6-8-10
				Baffle-3481' Basket- 5
				Break circulation. Circulate for 30 minutes.
				Pump 600gal Mud Flush.
				Plug rat hole with 25sk.
				Mix 200sk 60/40poz 2%gel 18% salt .75% C-37 .75% C-41p 5#/sk gilsonite.
				Displace with 84.9bbbls at 6bpm-950# Plug landed at 1500# Released pressure and float held.
				Wash up.
				Thank You!
				Nathan W.
				KCC WICHITA
				APR 03 2014
				RECEIVED

COPELAND

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

Invoice

Page: 1

Acid & Cement

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

INVOICE NUMBER:
 C40407-IN

BILL TO:
 MIKE'S TESTING
 P.O. BOX 467
 CHASE, KS 67524

LEASE: BIG RED 6

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
03/13/2014	C40407		03/07/2014		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
15.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	60.00
15.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	30.00
1.00	EA	CEMENT PUMP CHARGE LONG STRING		0.00	1,600.00	1,600.00
225.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	2,081.25
1,750.00	LB	SALT		0.00	0.25	437.50
150.00	LB	C37		0.00	3.75	562.50
150.00	LB	C-41P		0.00	3.75	562.50
1,000.00	LB	GILSONITE		0.00	0.75	750.00
5.00	EA	CENTRALIZERS		0.00	65.00	325.00
1.00	EA	BASKET		0.00	155.00	155.00
1.00	EA	5 1/2" FLOAT SHOE W/AUTO FILL		0.00	355.00	355.00
1.00	EA	5 1/2 LATCH DOWN PLUG & BAFFLE		0.00	175.00	175.00
600.00	GAL	MUD FLUSH		0.00	0.75	450.00
286.00	EA	BULK CHARGE		0.00	1.25	357.50

Continued

KCC WICHITA
 APR 03 2014
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Acid & Cement

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INVOICE NUMBER:
C40407-IN

BILL TO:
 MIKE'S TESTING
 P.O. BOX 467
 CHASE, KS 67524

LEASE: **BIG RED 6**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
03/13/2014	C40407		03/07/2014		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
171.45	MI	BULK TRUCK - TON MILES		0.00	1.10	188.60
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 8,089.85		
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		RICCO Sales Tax: 186.62		
		NET 30 DAYS		Invoice Total: <u>8,276.47</u>		

KCC WICHITA
 APR 03 2014
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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 for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

Summary of Changes

Lease Name and Number: Big Red 6

API/Permit #: 15-159-22499-00-01

Doc ID: 1197821

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
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Summary of Attachments

Lease Name and Number: Big Red 6

API: 15-159-22499-00-01

Doc ID: 1197821

Correction Number: 1

Attachment Name

cement tickets