

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1198065

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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: | | | | | |

| <div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div> | | | | | | | |
|--|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| 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 (Amount and Kind of Material Used) | | 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 (Explain) _____ | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

| | | |
|--|--|---|
| <p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p> | <p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p> | <p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p> |
|--|--|---|

Building Materials
Farm & Ranch Supplies
Structural Steel Products
Hardware & Paint

copy for Mark



A Division of Cleaver Farm Supply, Inc.

2103 S. SANTA FE
CHANUTE, KS 66720
(620)431-6070

RETURN POLICY - within 30 days only -
merchandise must be in saleable
condition and accompanied by invoice.

No refunds on Special Order non-stock
items

Account due 10th of month
following purchase. 1 1/2%
interest per month added for an
annual percentage rate of 18%.

SOLD TO
JOHN C. MEARS
4100-240TH.

CHANUTE, KS 66720-9803
431-2129

SHIP TO
JOHN C. MEARS
DEL. TODAY 10 MI. W. TO BUFFALO
TURNOFF THEN 4 MI. N. AND 1/2 MI. E
THRU RED GATES, KS 66720-9803
431-2129



Shipment #: 1

| ACCOUNT # | CUSTOMER P.O.# | TERMS | ORDER # | ORDER DATE | SLSMN | INVOICE # | INVOICE DATE |
|-----------|----------------|----------|---------|------------|-------|-----------|--------------|
| M1478 | | NET 10TH | 1201005 | 12/16/13 | TB | | |

| ORDERED | BACKORDERED | SHIPPED | U/M | DESCRIPTION | PRICE | AMOUNT |
|---|-------------|---------|-----|---|-------|--------|
| 60 | 0 | 60 | EA | CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ? | | |
| 2 | 0 | 2 | EA | PALLET BLOCKS & QUIK-CRETE PALLET | | |
| 1 | 0 | 1 | EA | DELIVERY CHARGE (OUT OF TOWN) DCO | | |
| <p><i>Surface cement for</i></p> <p><i>SS# 38 - 8 sack</i></p> <p><i>SS# 39 - 8 sack</i></p> <p><i>#M-09 - 8 sack</i></p> <p><i>#B-01 - 8 sack</i></p> <p><i>#B-02 - 8 sack</i></p> <p><i>#K1-19 - 5 sack</i></p> <p><i>#K1-20 - 5 sack</i></p> | | | | | | |

| | | | | | | |
|--|--|--|--|----------|-------------|----------|
| December 16, 2013 11:38:34 TERRY BRIDGES | | | | 1 / 0 | MERCHANDISE | |
| Weight: 5640.00 | | | | SHIP VIA | FILLED BY | CHK'D BY |
| ***** | | | | | | |
| * Pick Ticket * | | | | | | |
| ***** | | | | | | |
| | | | | | OTHER | |
| | | | | | TAX | |
| | | | | | FREIGHT | |
| | | | | | TOTAL | |



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

266781

TICKET NUMBER 42722

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|-----------------------|---------|----------|-------|--------|
| 3-19-14 | 5410 | Shockley-Sizemore #39 | SE 34 | 26 | 16 | W0 |

| CUSTOMER | | | TRUCK # | | DRIVER | |
|-----------------|-------|----------|---------|---------|--------|--|
| John Mears | | | 712 | Frc Mad | | |
| MAILING ADDRESS | | | 495 | Har Bec | | |
| 4100 240th Rd | | | 503 | Mat Coc | | |
| CITY | STATE | ZIP CODE | | | | |
| Chanute | KS | 66720 | | | | |

| | | | |
|-----------------------------|------------------------|------------------------|---------------------------------------|
| JOB TYPE <u>Long string</u> | HOLE SIZE <u>5 7/8</u> | HOLE DEPTH <u>950'</u> | CASING SIZE & WEIGHT <u>2 7/8 EUE</u> |
| CASING DEPTH <u>9300</u> | DRILL PIPE | TUBING | OTHER |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING |
| DISPLACEMENT <u>5.43AL</u> | DISPLACEMENT PSI | MIX PSI | RATE <u>5BPM</u> |

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump
Gel flush. Mix + Pump 1600 sks 50/50 Per Mix Cement 2% Gel
5% Salt 1" Phen Seal/sk. Cement to surface. Flush pump +
lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure
to 800* PSI. Release pressure to set float shoe. Show in
Casing.

Note: Rig Supplied Water
Dave Kinsey Drilling

Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | 495 | 1485.00 |
| 5406 | 70 mi | MILEAGE | 495 | 294.00 |
| 5402 | 930 | Casing footage | | N/C |
| 5407A | 498.4 | Ton Miles | 503 | 702.74 |
| 1124 | 160 sks | 50/50 Per Mix Cement | 1870.00 | ✓ |
| 1118B | 369# | Premium Gel | 81.18 | ✓ |
| 1111 | 309# | Granulated Salt | 120.51 | ✓ |
| 1107A | 160# | Phena Seal | 216.00 | ✓ |
| | | Material | 2257.69 | |
| | | Less 30% | - 677.31 | |
| | | Total Material | | 1580.38 |
| 4402 | 1 | 2 1/2" Rubber Plug | | 29.50 |
| | | | 4328.93 | ✓ |
| | | | - 677.31 | 3691.62 |
| | | | 7.5% | |
| | | SALES TAX | | 115.10 |
| | | ESTIMATED TOTAL | | 3806.72 |

Ravin 3737

AUTHORIZATION

John Mears

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.



completed

DRILLERS LOG

Company: JOHN MEARS

Contractor: EK Energy LLC

License# 33977

Farm: SHOCKLEY SIZEMORE

County: WOODSON

Well No: 39

Sec: 34 TWP: 26 Range: 16E

API: 15-207-28868-00-00

Location: 2120 FSL

Surface Pipe: 40.2

Location: 165 FEL

Spot: SE-NE-NE-SE

[illegible]

MARK MORRISON
1651 50th Road
Yates Center, KS 66783

WORK ORDER
SHOCKLEY-SIZEMORE

| <u>DATE</u> | <u>WELL</u> | <u>DESCRIPTION</u> |
|-------------|-------------|---|
| 3/17/2014 | SS-39 | mixed 8 sacks of cement to cement surface |