



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201820
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: _____

1201820

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILLERS LOG

Company: Blue Top Energy

Contractor: David Wrestler

License#

License # 7160

Farm: Sargent

County: Neosho Wilson

Well No: 14

Sec: 23, TWP: 27, Range: 18 east 14

API: 15-205-28247

Location: 4425 fsl

Surface Pipe: 22.6 ft cement with 6 sacks

Location: 2133 fel

Spot: ne. sw. nw. ne

Started 4/8/2014 Finished 4/10/2014

Thickness	Formation	Depth	Remarks
4ft	Top soil	0-4ft	
4ft	Clay	8ft	
101ft	Shale	109ft	
17ft	Lime	126ft	
124ft	Shale	250ft	
10ft	Lime	260ft	
9ft	Shale	269ft	
10ft	Lime	279ft	
33ft	Shale	312ft	
89ft	Lime	401ft	
2ft	coal	403ft	
6ft	Lime	409ft	
18ft	Shale	427ft	
18ft	Lime	445ft	
2ft	coal	447ft	
41ft	Lime	484ft	
73ft	Shale	557ft	
56ft	Lime	613ft	
104ft	sandy shale	717ft	
26ft	Lime	743ft	
29ft	Shale	772ft	
16ft	Lime	788ft	
8ft	Shale	796ft	
4ft	Lime	800ft	
18ft	Shale	818ft	
3ft	broken sand	821ft	good show
18ft	oil sand	839ft	Very Good Bleed!!!!
26ft	sandy shale	865ft	
865 T.D. Well			
Pipe T.D. 863			

4/10/2014



5220000840

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Blue Top Energy LLC	State, County	Wilson, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	15	Excess (%)	40%
Customer Acct #		TWP	26S	Density	14
Well No.	<i>Sargant # 14</i>	RGE	19E	Water Required	7.28
Mailing Address		Formation		Yield	1.51
City & State		Tubing		Sacks of Cement	110
Zip Code		Drill Pipe		Slurry Volume	29.5
Contact		Casing Size	2 7/8	Displacement	4.9
Email		Hole Size	5 5/8	Displacement PSI	200/400
Cell		Casing Depth	<i>863</i>	MIX PSI	100/200
Dispatch Location	EUREKA	Hole Depth		Rate	4.3
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	50	PER MILE	\$4.20	\$ 210.00
5407A	TON MILEAGE DELIVERY	5.7	PER MILE	\$1.41	\$ 401.71
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,696.71
Cement, Chemicals and Water					
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CHLORIDE 2% GE	110	0	\$19.75	\$ 2,172.50
1107A	PHENOSEAL	110	0	\$1.35	\$ 148.50
1118B	PREMIUM GELBENTONITE (50#)	0	0	\$0.22	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ (696.30)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
CHEMICAL TOTAL					\$ 1,624.70
Water Transport					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ -
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4402	2 7/8" RUBBER PLUG	2	0	\$29.50	\$ 59.00
Downhole Tools					
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 59.00
SUB TOTAL					\$ 3,380.41
6.15% SALES TAX					\$ 142.74
TOTAL					\$ 3,523.15
0% (-DISCOUNT)					\$ -
DISCOUNTED TOTAL					\$ 3,523.15

DRIVER NAME	
690	John Wade
485	Chris
811	Merel
	Seth

AUTHORIZATION *[Signature]*
DATE _____

TITLE _____
FOREMAN *[Signature]*

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.