



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202237
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: _____

1202237

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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Cement or Acid Field Report
 Ticket No. **1074**
 Foreman Kenn McCoy
 Camp EUREKA

Elite
Cementing & Acidizing
of Kansas, LLC

7TH
 BOX 92
 A, KS 67045
 (316) 583-5561

APZ # 15-115-21403

Customer ID #	Lease & Well Number	Section	Township	Range	County	State
B/14	1014	28	215	4E	MARION	Ks
Customer	DANNENFELSER # 3	Unit #	Driver	Unit #	Driver	
		102	SHANNON F.			
		111	RUDY M.			
		141	RICK L.			
Mailing Address	Safety Meeting					
1219 Turkey Creek DR.	FM					
	SF					
	RM					
	RL					
City	State	Zip Code				
McPherson	Ks	67460				

Job Type Longstring Hole Depth 2580' G.L. Slurry Vol. 50 BBL Tubing _____
 Casing Depth 2576' G.L. Hole Size 7 7/8" Slurry Wt. 13.7^m Drill Pipe _____
 Casing Size & Wt. 5 1/2 15.50* Cement Left in Casing 32.65' Water Gal/SK 9.0 Other _____
 Displacement 61.5 BBL Displacement PSI 700 Bump Plug to 1100 PSI BPM _____

Remarks: Safety Meeting: Rig up to 5 1/2 casing. Break Circulation w/ 5 Bbl Fresh water. Pump 10 Bbl Caustic Soda (100#) Pre Flush, 10 Bbl water SPACER. Mixed 150 sacks Thick Set Cement w/ 5" KOL-SEAL SK. 1" Phenoseal 1sk @ 13.7 gal yield 1.85' = 50 Bbl Slurry. wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 61.5 Bbl Fresh water. Final Pumping Pressure 700 Psi. Dump Plug to 1100 Psi. wait 2 mins. Release Pressure. FLOAT & Plug Held. Good Circulation @ All times while Cementing. Job Complete. Rig down.

Note: Rig Firm TD w/ 5 1/2 Spot Collars. Bottom of Production String Set 4' Above TD.

CENTRALIZERS ON #14, 5, 6, 7, 8, 20, 21 BASKET ON TOP OF #2

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	35	Mileage	3.95	138.25
C 201	150 sacks	THICK SET CEMENT	19.50	2925.00
C 207	750*	KOL-SEAL 5#/sk	.45*	337.50
C 208	150"	PHENOSEAL 1"/sk	1.25*	187.50
C 217	100*	CAUSTIC SODA PRE FLUSH	1.60*	160.00
C 108 B	8.25 Tons	Ton Mixture 35 miles	1.35	387.81
C 113	4 Hrs	80 BBL VAC TRUCK	85.00	340.00
C 224	3300 gals	CITY WATER	10.00/1000	33.00
C 421	1	5 1/2 LATCH DOWN PLUG	230.00	230.00
C 691	1	5 1/2 GUIDE SHOE	167.00	167.00
C 703	1	5 1/2 AFU INSECT FLAPPER VALVE	145.00	145.00
C 604	1	5 1/2 CEMENT BASKET	225.00	225.00
C 504	B	5 1/2 x 7 7/8 CENTRALIZERS	48.00	384.00
		Sub Total		6712.06
		Sales Tax		366.74

THANK YOU
 AT
 7.65%

810 E 7TH

PO Box 92

EUREKA, KS 67045

(620) 583-5561



Cementing & Acidizing of Kansas, LLC

API # 15-115-21473

Cement or Acid Field Report

Ticket No. **1054**

Foreman Kevin McCoy

Camp _____

Date	Customer ID #	Lease & Well Number	Section	Township	Range	County	State
1/26/14	1014	DANNENFELSER # 3	28	215	4E	MARION	KS
Customer	K-BAR OIL / Hal Kriebel		Unit #	Driver	Unit #		
Mailing Address	1219 Turkey Creek Dr.		102	Shannon F.	15		
City	State	Zip Code	111	Rudy M.	Driver		
McPherson	KS	67460					

Job Type SURFACE Hole Depth 213' G.L. Slurry Vol. _____ Tubing _____
 Casing Depth 204' G.L. Hole Size 12 1/4" Slurry Wt. 14.8 # Drill Pipe _____
 Casing Size & Wt. 8 5/8 23 # Cement Left in Casing 15' Water Gal/SK 6.5 Other _____
 Displacement 12 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 5 BBL fresh water.
Mixed 135 sacks Class 'A' Cement w/ 3% CaCl₂, 2% GEL @ 14.8 #/gal. Displace w/ 12 BBL Fresh
Water. Shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	35	Mileage	3.95	138.25
C 200	135.5KS	Class "A" Cement	15.00	2025.00
C 205	380 #	CaCl ₂ 3%	.60	228.00
C 206	250 #	Gel 2%	.20	50.00
C 108A	Tons	Ton Mileage	m/c	345.00
THANK YOU			Sub TOTAL	3626.25
			Sales Tax	176.18
Authorization <u>Called by Kurt</u>			Total	3802.43
			Title <u>DRILLER</u>	