



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202439
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: _____

1202439

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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802 N. Industrial Rd
 P.O. Box 664
 Ocala, Kansas 66749
 Phone (620) 367-5583

Payless Concrete Products, Inc.



CONCRETE PRODUCTS
 Concrete to be delivered to the nearest accessible road, under the contractor's own power. Due to delivery, at owner's expense, in any direction, seller assumes no responsibility for damage to any material or to sidewalks, roads, driveways, buildings, trees, shrubs, etc., which may be damaged by the concrete. The maximum allowed time for unloading is 15 minutes per yard. A change will be made at the discretion of the contractor. This contract contains correct and complete terms and conditions. No verbal modifications are allowed. Responsibility for damage to property is added at contractor's expense.
NOTICE TO OWNER:
 Failure of this contract or to pay those provisions, playing material or services to complete this contract, can result in the signing of a mechanic's lien on the property which is the subject of this contract.

QUANTITY
 R & A WELL SERVICE
 45000 CONNECTICUT RD
 ELSMERE KS
 66732

DR/SMITH 2-13
 R&A WELL SERVICE
 54 E TO 59 HWY S 10 MI TO
 CONNECTICUT EAST 4 MI TO 5000
 S 1 MI TO CALIFORNIA/GRAND
 E 1 MI N 50 GATE NW CORNER

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL.	BATCH#	DRIVE/WHEEL	PLANT/TRANSACTION #
11:30-12:00	WELL	4,000 yd	5,000 yd	0.00		TRUCK	R1000
		LOAD #				WATER/SLUR	TICKET NUMBER
			9,000 yd	9,000 yd	25643	0.00	35404

IRRITANT TO THE SKIN AND EYES PROLONGED CONTACT WITH RUBBER BOOTS AND GLOVES. CONTACT WITH SKIN OR EYES MAY CAUSE REDNESS, STINGING, OR BURNING. CONTACT WITH WATER WILL WASH AWAY. KEEP CHILDREN AWAY.

CONCRETE IS A RESISTIBLE COMPOUND AND SECONDS THE PROPERTY OF THE PURE ASPHALT. LEAVING TO BE PAINT ANY CHARACTERISTICS OR RELATION OF ORIGINAL INSTRUCTIONS MUST BE OBSERVED. CONTACT WITH THE OFFICE BEFORE LOADING STARTS. THE UNDERLIES AND PROMOTES TO PERFORM COSTS INCLUDING REASONABLE ATTORNEY'S FEES, FINANCIAL COLLATERAL, AND ANY OTHER COSTS. ALL ACCOUNTS OF PAID WITHIN 30 DAYS. DELIVERY WITHIN 24 HOURS PER ANNUAL. NOT RESPONSIBLE FOR REASONABLE AGGRIEVANCE OR COSTS. QUALITY NO CLEAN ALLOWED UNLESS "TODAY" MATERIAL IS FURNISHED. A 25% SERVICE CHARGE AND LOSS OF THE CASH ACCOUNT WILL BE CHARGED ON ALL RETURNED CHECKS. EXCESS DELIVERY TIME CHARGED @ \$50.00 PER HOUR.

PROPERTY DAMAGE RELEASE

Dear Customer: The driver of the truck in presenting the RELEASE to you, your signature is of the opinion that the size and weight of his truck, may possibly cause damage to the premises and/or adjacent property if it places the truck at the site where you do not have the proper equipment to receive the concrete. I am not to do this unless you have given me a written release from the property owner to do so. The driver is requesting that you sign the RELEASE before I am and to the premises and/or adjacent property. Buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, are that you also give to help him remove mud from the wheels of the vehicle to that it will not later the public street. Furthermore, as a condition of this contract, the undersigned agrees, indemnify, defend, hold harmless, the driver of the truck and the supplier, for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have been caused by the driver of the truck.

Excise Water's Detriments to Concrete Performance
 H₂O Added By Request Authorized By

WEIGHTMASTER
 GAL X

NO CEILING SIGNATURE BE
 NO CEILING SUPPLIER BE
 NO CEILING INSIDE
 LOAD REQUIRED 1/2
 UNIT PRICE EXCEEDED PRICE

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
9,000	WELL	WELL (10) SACKS PER QUOT	55.00	495.00
9,000	MIXTURE	MIXING & HANDLING	25.00	225.00
2,500	TRUCKING	TRUCKING CHARGE	45.00	112.50

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DEVIATION/IN/CYLINDER TEST TAKEN	TIME ALLOWED
	12:44	12:35		
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
11:50	11:55	12:00		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
5				

1. JOB NOT READY
 2. LOW POURING RATE
 3. TRUCK AHEAD ON JOB
 4. CONTRACTOR BROKE OWN
 5. POURED WATER
 6. TRUCK BROKE DOWN
 7. ACCIDENT
 8. CRITICISM
 9. OTHER

ADDITIONAL CHARGE E1
 ADDITIONAL CHARGE E2
 GRAND TOTAL

SMITH 2-13

0-2	TOP SOIL	587-592	OIL SAND & GRAVEL 310
2-10	LIME	592-596	SHALE
10-12	SHALE		
12-47	LIME		
47-104	LIME w/ SHALE STRINGS SHALE + LIME STRINGS		
104-115	SILTAR		
115-122	LIME		
122-227	SHALE		
227-246	LIME		
246-250	SHALE		
250-255	LIME		
255-273	SHALE		
273- 277 ²⁷⁸	LIME		
278-317	SHALE		
317-320	LIME		
320-328	SHALE		
328-350	LIME		
350-382	BLACK SILTAR		
382-390	LIME		
390-400	SHALE		
400-418	LIME		
418-423	SHALE		
423-428	LIME		
428-526	SHALE		
526-527	LIME		
527-536	SHALE		
536-540	LIME		
540-587	SHALE		