



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198756
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: _____

1198756

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 <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:				

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)*

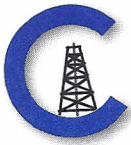
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

Invoice # 267097

INVOICE

Page 1

Invoice Date: 04/08/2014 Terms: 5/5/10,n/30

J. B. D. & P. J. BUCK
P.O. BOX 68
SEDAN KS 67361
(620)725-3636

COUNTY FARM A10-28
35795
04/01/14
10-34S-12E
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	105.00	19.7500	2073.75
1107A	PHENOSEAL (M) 40# BAG)	40.00	1.3500	54.00
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
1111	SODIUM CHLORIDE (GRANULA	700.00	.3900	273.00
1118B	PREMIUM GEL / BENTONITE	150.00	.2200	33.00
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25
1123	CITY WATER	4000.00	.0173	69.20
				Total
Sublet Performed	Description			
9995-240	CEMENT EQUIPMENT DISCOUNT			-110.56
9996-240	CEMENT MATERIAL DISCOUNT			-142.46
				Total
	Description	Hours	Unit Price	Total
419	CEMENT PUMP	1.00	1085.00	1085.00
419	EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00
419	CASING FOOTAGE	1001.00	.23	230.23
T-109	WATER TRANSPORT (CEMENT)	3.00	120.00	360.00
579	MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 5292.64 if paid after 04/18/2014

Parts:	2849.20	Freight:	.00	Tax:	220.60	AR	5028.01
Labor:	.00	Misc:	.00	Total:	5028.01		
Sublt:	-253.02	Supplies:	.00	Change:	.00		

Signed _____

Date _____



#267097

TICKET NUMBER 35795
 LOCATION Bartlesville
 FOREMAN Tracy Williams

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-1-14	4291	County Farm A 10-28	10	345	12E	CO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Energy	419	James D		
	579	Jeff F		
	513 T109	Mark J		

CITY	STATE	ZIP CODE

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1038 CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 950/1001 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 1400g SLURRY VOL 1.74 cu ft 30% WATER gal/sk 7.94 CEMENT LEFT in CASING 0
 DISPLACEMENT 15.96 DISPLACEMENT PSI 500 MIX PSI 200 RATE 58 bpm

REMARKS: Arrived on location @ 2:00 P.M. Conducted safety meeting then rigged up to well casing. Pumped 5 bbl water then 3 sks of gel & broke circulation. Ran 105 sks of Cement with 6% PVC, 2% gel & 2% calcium, 6% Kolseal, 10% salt & 4% Phenoseal. Shut down & washed up. Dropped plug & pumped plug to bottom. Set shoe & shut in. Washed up pumped & rigged up. Left location @ 3:30 P.M.

Circulated 6 bbl of cement slurry to pit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	4.20	168.00
5402	1001'	Package	.23	230.23
5407	1	bulktank	368.00	368.00
5501	3 hrs	Transport	120.00	360.00
1126	105	DWC	* 19.75	2073.75
1107A	40	Phono	x 1.35	54.00
1110A	650	Kolseal	x .46	299.00
1111	700	Salt	x .39	273.00
1118b	150	Gel	x .22	33.00
4404	1	4 1/2 Rubber Plug	* 47.25	47.25
1123	4,000 gal	City Water	* 17.30	69.20
1128	
		5% discount if paid in 30 days =		-253.02
		Before 5% Discount		5292.64
		8.15 % SALES TAX		230.40
		ESTIMATED TOTAL		5028.04

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 4/1/14

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.

STATEMENT

11062

ELMORE'S INC.

Box 87 - 776 HWY99
Sedan, KS 67361
Cell: (620) 249-2519
Eve: (620) 725-5538

Date 3-28-14

Customer Kansas Energy
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
1	hr Cement Pump	110. ⁰⁰	110. ⁰⁰
1	hr Vac Truck	85. ⁰⁰	85. ⁰⁰
25	SKS Cement	11. ⁰⁰	275. ⁰⁰
			470. ⁰⁰
		Tax	38. ³¹
			\$ 508. ³¹
	Cemented 6' of 8" Surface Pipe With 25 Sk Cement To Surface		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.