



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202554
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
-----------------------------------	-----------------	---

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: _____

1202554

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)*

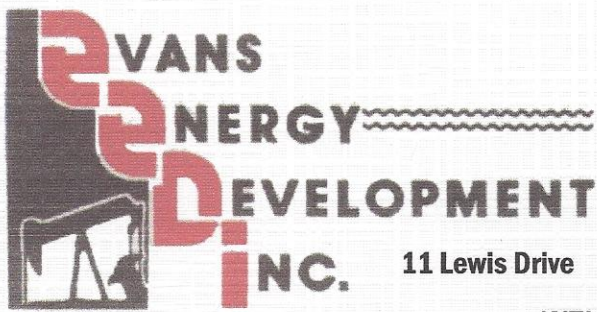
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: 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: _____ _____
--	---	---



**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive Paola, KS 66071

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC

Joeckel #KR-27

API # 15-121-30,246

April 18 - April 23, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	broken lime	6
107	shale	113
20	lime	133
20	shale	153
1	lime	154
3	shale	157
5	lime	162
30	shale	192
14	lime	206
12	shale	218
33	lime	251 oil show
2	shale	253
18	lime	271
3	shale	274
3	lime	277
1	shale	278
12	lime	290 base of the Kansas City
141	shale	431
3	shale	434 red bed
4	silty shale	438
3	lime/shale	441
2	broken sand	443 50% brown sand 50% shale, ok bleeding
1	limey sand	444 white & brown, ok bleeding
3	limey sand	447 light bleeding
1.5	limey sand	448.5 very good bleeding
0.5	lime	449
1.5	limey sand	450.5 very good bleeding
2.5	oil sand	453 brown sand, very good bleeding
1.5	lime	454.5
8	oil sand	462.5 brown, very good bleeding
2.5	limey sand	465 light bleeding
13	shale	478
6	lime	484
6	shale	490
4	lime	494
26	shale	520
9	lime	529
12	shale	541
3	lime	544
14	shale	558

6	limey sand	564
17	shale	581
4	limey sand	585
4	shale	589 light brown, light oil odor, makes water
1	coal	590
4	shale	594
2	limey sand	596
13	shale	609
2	coal	611
13	shale	624
2	silty shale	626
7	shale	633
1	broken sand	634 brown & shale, no show
3	silty shale	637
4	broken sand	641 50% brown sand 50% shale, ok bleeding
2	sand	643 light brown, makes water
21	broken sand	664 light brown sand & shale, makes water
8	sand	672 light brown sand makes water light show
1	coal	673
14	shale	687
1	coal	688
1	silty shale	689
3	broken sand	692 40% brown sand 60% shale, light bleeding
8	silty shale	700 hard
1	broken sand	701 30% brown sand 70% shale, ok bleeding
1	lime/sand/shale	702 10% sand 20% lime 70% shale, minimal bleeding
1	silty shale	703
1	lime/sand/shale	704 10% sand 20% lime 70% shale, minimal bleeding
2	broken sand	706 10% sand 90% shale
12	silty shale	718
1	shale	719
1	silty shale	720
6	shale	726
1	coal	727
1	shale	728
12	shale	740 TD

Drilled a 9 7/8" hole to 20.2'

Drilled a 5 5/8" hole to 740'

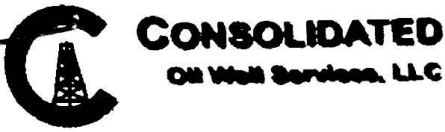
Set 20.2' of 7" surface casing cemented with 5 sacks of cement

Set 538.15' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 31.65' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
444	1	36
445	1	38
446	1	48
447	1	10
448	1	50
449	2	50
450	1	3
451		28
452		40
453	4	30
454		59
455		37
456		53
457		54
458		30
459		32
460		38
461		40
462	4	1
463	4	2



267682

TICKET NUMBER 47086

LOCATION Ottawa

FOREMAN Alan Maden

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
4-23-14	4448	Joeckel KA 27	SW 13	17	22	M!

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources P&D MAILING ADDRESS 9393 W 110 th CITY Overland Park STATE KS ZIP CODE 66210	730	Alan Mad	Safety	Meat
	368	Der Mad		
	369	Der Mad		
	510	Set Inc		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 538.15 DRILL PIPE _____ TUBING _____ OTHER DF 306.5
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2.94 DISPLACEMENT PSI 800 MIX PSI 200 RATE 76 ppm

REMARKS: Held meeting. Established rate down drill steel & casing @ hole TD. Mixed & pumped 35 sk 50/150 cement plus 290 gal and 1/2 # Phenoseal per sack to plug back well to 540'. Pulled drill steel out and cemented long string with 78 sk cement. Circulated cement to surface. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float

Evans, Mitchell

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	10500 ✓
5402	538.15	casing footage	368	— ✓
5407	min	ton miles	510	36800 ✓
5302C	2	80 gal	369	20000 ✓
1124	113	50/150 cement	1299.50	✓
1118B	290#	gel	63.80	✓
1107A	57#	Phenoseal	76.95	✓
		material sub	1440.25	✓
		less 30% =	432.08	✓
		material total		1008.17 ✓
4402	1	2 1/2 plug		2950 ✓
				3340.19 ✓
			SALES TAX	79.39 ✓
			ESTIMATED TOTAL	2875.06 ✓

completed

AUTHORIZATION [Signature]

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 for