

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1202555

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 #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🗌 East 🗌 West				
Address 2:	Feet from North / South Line of Section Feet from East / West Line of Section				
City: State: Zip:+					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:				
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Paymit #:	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	·				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R				
Recompletion Date Recompletion Date	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.

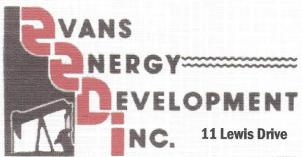
Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes [No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
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
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and P	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Into				cture, Shot, Cement		d Depth
	, ,	<u> </u>			,		,	·
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		, 4 CT - 1		TION:		PPODUOTIO	ON INTERVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)		



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Paola, KS 66071

Kansas Resource Exploration & Development, LLC Joeckel #KR-28 API # 15-121-30,068 April 7 - April 8, 2014

Thickness of Strata	<u>Formation</u>	Total
10	soil & clay	10
11	lime	21
107	shale	128
21	lime	149
18	shale	167
6	lime	173
32	shale	205
14	lime	219
13	shale	232
25	lime	257
8	shale	265
20 .	lime	285
3	shale	288
17	lime	305 base of the Kansas City
150	shale	455
3	lime/shale	458 no oil
1	broken sand	459 50% limey sand 50% shale good bleeding
4	limey sand	463 hard limey sand good bleeding
7	limey sand	470 soft limey sand, good bleeding
3	oil sand	473 dark brown sand good saturation & bleeding
		few thin streaks
2	lime	475 no oil
19	shale	494
6	lime	500
10	shale	510
2	lime	512
12	shale	524
1	coal	525
6	shale	531
6	lime	537
16	shale	553
3	lime	556
13	shale	569
5	lime	574
47	shale	621
2	coal	623
4	shale	627
3	silty shale	630
17	shale	647

23	broken sand	670 50% light brown sand & shale no show making water
12	sand	682 light brown no oil makes water
19	shale	701
2	broken sand	703 50% brown sand 50% shale good bleeding
10.5	silty shale	713.5
3	broken sand	716.5 40% brown sand 60% shale, good bleeding
20.5	oil sand	737 brown good bleeding good saturation
4.5	shale	741.5
1.5	coal	743
63	shale	806 TD

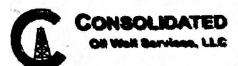
Drilled a 9 7/8" hole to 20.1' Drilled a 5 5/8" hole to 806'

Set 20.1' of 7" surface casing cemented with 5 sacks of cement

Set 795.75' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle. Baffle set 31.9' from bottom of tally.

Core Times

	Minutos	Cocondo		Minutes	0
	Minutes	Seconds		<u>Minutes</u>	Seconds
703	1	4	724		54
704		58	725		43
705	1	30	726		41
706		57	727	1	18
707		55	728		37
708		53	729		37
709		54	730		37
710		59	731		41
711		48	732		39
712		53	733		42
713		59	734		38
714	1	13	735		58
715	1	30	736		57
716	1	15	737	1	1
717		44	738		49
718		36	739		38
719		41	740		30
720		37	741		36
721		39	742		44
722		33			



267332

LOCATION O + + and FOREMAN Alan Maken

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

FIELD TICKET & TREATMENT REPORT

WELL NAME & NOMBER WILL NAME & NOMBER TRUCK & DRIVER TRUCK		r 800-467-8676			SECTION	TOWNSHIP	RANGE	COUNTY
MER ANGRS RESOURCE EXT DELLER THUCK DRIVER ANGRE ANGRS RESOURCE EXT DELLER THUCK DRIVER ANGRS RESOURCE EXT DELLER THUCK DRIVER ANGRE ANGRS ANGRS RESOURCE THE THUCK DRIVER ANGRE ANGRS ANGRS RESOURCE THE THUCK DRIVER ANGRS RESOURCE EXT DELLER THUCK DRIVER ANGRS ANGRS RESOURCE EXT DELLER THUCK DRIVER ANGRS ANGRS RESOURCE EXT DELLER THUCK DRIVER ANGRS AN	DATE	CUSTOMER#				17	22	
TRUCK# DUNNER TRUCK# DUNNER 393 W 10 th STATE ZIP CODE 12	7-14	4448	Joeck	el KK-28	15W 13			
393 W 110 th STATE ZIPCODE Pricard Park K5 barbon No Eperth 795 15 BRILL PIPE TUBING NO EPERTH 795 15 BRILL PIPE TUBING NO EPERTH 795 15 BRILL PIPE TUBING NO EMENT 4, 44 DISPLACEMENT PSI BOD MIX PSI BOD NOTE 100 th get to lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 50 50 Lean hole to leave by 120 5 5 50 50 Lean hole to leave by 120 5 50 50 Lean hole to leave by 120 5 50 Lean hole to leav	OMER	lacan	CE FIN		TRUCK #			
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THORITION I'M OKA TITLE DATE		No.			10	completed	CALEDTAY	OHM
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THORIZTION I:M OKA TITLE DATE	vin 3737	NO	Compan	y rep			TOTAL	2643.7
	IITUODITTI	ON T.	DYA	TITL	E CONTRACTOR		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 form.