



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202558
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: _____

1202558

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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

267394

TICKET NUMBER 47049
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
4.11.14	4448	Joeckel KR-93	SW 13	17	22	M.

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources E+D	730	Ala Mad	Safety Meet	
	368	Al Mad		
	369	Derkes		
	548	Mik Hga		

CUSTOMER MAILING ADDRESS: Kansas Resources E+D
9393 W. 110th
CITY: Overland Park STATE: Ks ZIP CODE: 66210

DRILL PIPE: _____ TUBING: _____

SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: _____

DISPLACEMENT: 4.27 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 46ppm

REMARKS: Held meeting. Established rate down casing. Mixed & pumped 100# gel to condition hole followed by 120 sk 50/50 cement plus 290 gel and 1/2# phenol seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float

Evans, Mitchell

Alan Maden

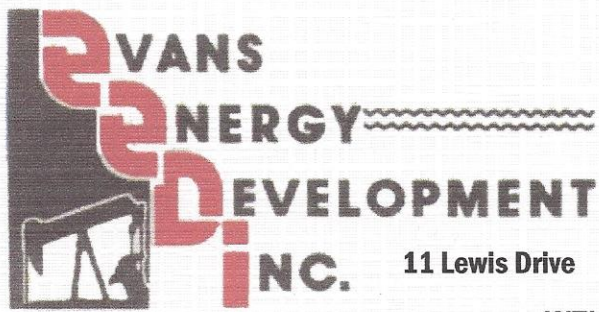
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	20	MILEAGE	368	84.00
5402	765.05	Casing footage	368	—
5407	1/2 mi	tax miles	548	184.00
55026	1 1/2	80 val	369	150.00
1124	120 sk	50/50 Cement	1380.00	✓
1118B	302#	gel	66.44	✓
1107A	60#	phenol seal	81.00	✓
		material sub	1527.44	
		less 30%	-458.23	✓
		material total		1069.21
41422	1	2 1/2 plug		29.50
		<input checked="" type="checkbox"/> completed	3179.05	
		SALES TAX		84.06
		ESTIMATED TOTAL		2685.77

Ravin 3737

NO COMPANY rep
Jim OKD

AUTHORIZATION _____ 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 form.



11 Lewis Drive

Paola, KS 66071

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

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC

Joeckel #KR-43

API # 15-121-30,074

April 9 - April 11, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
15	soil & clay	15
69	shale	84
23	lime	107
10	shale	117
7	lime	124
35	shale	159
14	lime	173
12	shale	185
25	lime	210
7	shale	217
21	lime	238
3	shale	241
21	lime	262 base of the Kansas City
137	shale	399
1	silty shale	400
1	broken sand	401 brown sand & shale, ok bleeding
1.5	sand	402.5 brown sand, no show
1	shale	403.5
1.5	lime	405
1.5	lime/silty shale	406.5
6	broken sand	412.5 90% brown sand 10% shale, no show
1	lime	413.5
2.5	broken sand	416 90% brown sand 10% shale light bleeding
1	oil sand	417 brown sand, good bleeding gassy
2	limey sand	419 hard limey sand, fair bleeding
1	sand	420 brown light odor, minimal show
4	limey sand	424 hard good bleeding
3	oil sand	421 brown sand good bleeding
14	shale	441
5	lime	446
5	shale	451
4	lime	455 broken with porosity good bleeding
7	lime	462 white lime
26	shale	488
5	lime	493
15	shale	508
4	lime	512
14	shale	526

2	lime	528
21	shale	549
3	lime	552
24	shale	576
1	coal	577
6	shale	583
2	lime	585
18	shale	603 brown sand , light bleeding
15	broken sand	618 light brown sand & shale no oil
5	grey sand	623 no oil
7	sand	630 light brown light show
11	broken sand	641 light brown, sand & shale
1	coal	642
15	shale	657
3	broken sand	660 70% brown sand 30% shale good bleeding
5	silty shale	665
1	broken sand	666 15% brown sand 85% shale ok bleeding
1	silty shale	667
3	broken sand	670 15% brown sand 85% shale, ok bleeding
2	broken sand	672 10% brown sand, 90% shale light bleeding
3.5	shale	675.5
1.5	oil sand	677 brown sand good bleeding
1	broken sand	678 50% brown sand 50% shale good bleeding
4.5	oil sand	682.5 brown, good bleeding
2.5	lime	685
6	oil sand	691 brown, good bleeding
1	limey sand	692
4	shale	696
1	coal	697
83	shale	780 TD

Drilled a 9 7/8" hole to 20'

Drilled a 5 5/8" hole to 780'

Set 20' of 7" surface casing cemented with 5 sacks of cement

Set 765.05' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 31.4' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>		<u>Minutes</u>	<u>Seconds</u>
401		41	670	1	0
402		29	671		42
403	1	32	672		42
404	2	27	673		45
405		41	674		43
406	1	9	675		44
407		49	676		36
408		30	677		43
409		30	678		44
410		35	679		38
411		45	680		36
412	2	56	681		41
413		26	682	1	59
414		35	683	2	4
415		31	684	2	9
416	1	59	685		36
417	1	20	686		35
418		41	687		33
419		43	688		35
420	1	42	689		23