



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202561
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: _____

1202561

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: <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

267494

TICKET NUMBER 47069

LOCATION Ottawa

FOREMAN Alan Madar

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
4.16.14	4448	Joeckel KR 5D	542 B	17	22	M:

CUSTOMER
Kansas Resources E&D

MAILING ADDRESS
9393 W 110th

CITY
Overland Park STATE
KS ZIP CODE
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alamad	Safety	Meat
495	Har Bec		
369	Der Mas		
548	Mik Hays		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 750 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 743.55 DRILL PIPE _____ TUBING _____ OTHER 710, 70

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

DISPLACEMENT 4.14 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Weld meeting. Established rate down casing. Mixed and pumped 100# gel followed by 110 sk 50/50 cement plus 270 gel & 18# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Closed valve. Set float.

Evans Mitchell

Alan Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406		MILEAGE	495	
5402	743.55	casing footage	495	
5407	1/2 mi	ton miles	548	184 ⁰⁰
5502L	1/2	80 vac	369	150 ⁰⁰
1124	110	50/50 cement	1265 ⁰⁰	
118B	285	gel	62.70	
1102A	35	phenoseal	74.25	
		Material sub	1401.95	
		less 30% Material total	420.57	981.36
4402	1	2 1/2 plug		29.50
			2959.90	

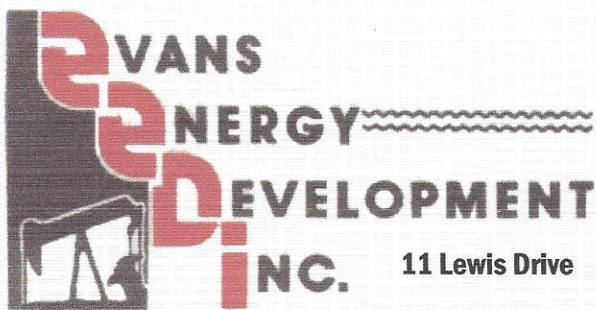
completed

SALES TAX 77.33
ESTIMATED TOTAL 2507.19

NO company, rep
AUTHORIZATION Jim OK'd

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-50

API # 15-121-30,077

April 15 - April 16, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
28	soil & clay	28
39	shale	67
24	lime	91
10	shale	101
6	lime	107
36	shale	143
14	lime	157
12	shale	169
26	lime	195
6	shale	201
23	lime	224
3	shale	227
3	lime	230
2	shale	232
12	lime	244 base of the Kansas City
23	shale	267
3	sand	270 hard green sand, no show or odor
116	shale	386
7	broken sand	393 50% soft brown sand 50% shale, ok bleeding
1	limey sand	394 ok bleeding
1	lime	395 no show
8	limey sand	403 brown, good bleeding
6	broken sand	409 70% brown sand 30% shale, good bleeding, gassy
6	oil sand	415 brown soft course sand, great bleeding & saturation
8	shale	423
5	lime	428
2	shale	430
8	lime	438 broken lime with lots of porosity good bleeding
7	lime	445 solid minimal oil show
29	shale	474
7	lime	481
14	shale	495
3	lime	498
18	shale	516
2	lime	518
17	shale	535
1	lime	536
4	shale	540

2	lime	542
9	shale	551
4	lime	555
6	shale	561
2	lime	563
4	shale	567
1	lime	568
7	shale	575
2	lime	577
18	shale	595
3	silty shale	598
28	broken sand	626 brown & grey, no oil, makes water
13	shale	639
5	silty shale	644
2	broken sand	646 90% brown sand 10% shale, ok bleeding
10	silty shale	656
1	broken sand	657 10% brown sand 90% shale, minimal bleeding
2	silty shale	659
1	broken sand	660 10% brown sand 90% shale
10	silty shale	670
2	oil sand	672 dark brown sand, good bleeding
1.5	oil sand	673.5 50% limey sand, 50% brown oil sand, good bleeding
5.5	shale	679
3	coal	682
68	shale	750 TD

Drilled a 9 7/8" hole to 35.1'

Drilled a 5 5/8" hole to 750'

Set 35.1' of 7" surface casing cemented with 6 sacks of cement

Set 743.55' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 32.8' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
670		53
671	1	14
672	1	5
673		53
674		39
675		41
676		41
677		46
678	1	1
679		42
680		26
681		37
682		38
683		51
684		41
685	1	22
686		45
687		42
688		41