

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1202563

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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>	☐ Yes	☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes	☐ No	Name	Top	Datum
Cores Taken	☐ Yes	☐ No			
Electric Log Run	☐ Yes	☐ No			
List All E. Logs Run:					

CASING RECORD ☐ New ☐ 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
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*

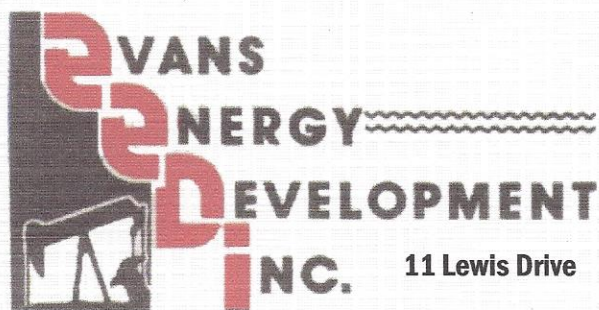
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*

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 (Amount and Kind of Material Used)	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	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>		METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</i> _____		PRODUCTION INTERVAL: _____ _____	
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**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-51

API # 15-121-30,078

April 11 - April 14, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
25	soil & clay	25
40	shale	65
24	lime	89
10	shale	99
5	lime	104
37	shale	141
14	lime	155
12	shale	167
26	lime	193
11	shale	204
16	lime	220
3	shale	223
23	lime	246
17	shale	263
3	lime	266 base of the Kansas City
117	shale	383
1	silty shale	384
4	limey sand	388 50% lime 50% limey sand ok bleeding
3	broken sand	391 30% soft brown sand 70% shale ok bleeding
5	sand	396 light brown, light bleeding
2	limey sand	398 no show
5	oil sand	403 brown sand, good bleeding
4	limey sand	407 hard white brown sand, good bleeding
2	broken sand	409 60% brown sand, 40% shale, good bleeding
12	shale	421
3	lime	424
3	shale	427
4	lime	431 broken lime with porosity breaks good bleeding
2	lime	433 broken lime with porosity breaks ok bleeding
6	lime	439
29	shale	468
5	lime	473
16	shale	489
4	lime	493
14	shale	507
3	lime	510
21	shale	531
4	lime	535
8	shale	543

6	lime	549
10	shale	559
1	coal	560
10	shale	570
2	lime	572
7	shale	579
4	silty shale	583
4	broken sand	587 60% shale 40% light brown sand, no show
4	oil sand	591 brown sand light oil show (gassy)
16	broken sand	607 brown & grey sand no show makes water
21	sand	628 brown sand, no show
6	shale	634
2	lime	636
1	shale	637
1	coal	638
2	shale	640
4	broken sand	644 90% brown sand 10% shale, good bleeding
10	silty shale	654 limey
2	broken sand	656 40% brown 60% shale, ok bleeding
3	limey sand	659 no show
2	oil sand	661 brown sand good bleeding
4.5	broken sand	665.5 80% brown sand 20% shale, good bleeding
6.5	oil sand	672 brown sand, good bleeding
6.5	oil sand	678.5 darker sand, good bleeding
2.5	shale	681
1	coal	682
68	shale	750 TD

Drilled a 9 7/8" hole to 30'

Drilled a 5 5/8" hole to 750'

Set 30' of 7" surface casing cemented with 6 sacks of cement

Set 736.55' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 32.85' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
659	1	15
660		59
661		50
662		35
663		35
664		40
665		44
666		41
667		43
668		41
669		33
670		36
671		38
672		34
673		39
674		43
675		43
676		43
677		40
678		36



CONSOLIDATED
Oil Well Services, LLC

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

267495

TICKET NUMBER 47068

LOCATION Ottawa

FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-16-14	4448	Joeckel KB-51	54213	17	22	MI

CUSTOMER		TRUCK #		DRIVER	
Kansas Resources E&D		730	Ala Mad	Safety	Meet
MAILING ADDRESS		495	Har Bel		
9393 W 110th		369	Der Mas		
CITY	STATE	ZIP CODE			
Overland Park	KS	66210			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 750 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 736.56 DRILL PIPE _____ TUBING _____ OTHER bf 703.7
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 4.09 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm
 REMARKS: Held meeting. Established rate down casing. Mixed & pumped 100# gel followed by 110 SK 50/50 cement plus 2% gel & 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle, well held 800 PSI. Set float.

Evans Mitchell

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	20	MILEAGE	495	840.00
5402	736.56	casing footage	495	184.00
5407	1/2 mi	ton miles	558	150.00
5502L	1/2	80 vac	369	
1124	110	50/50 cement	126.50	
1118B	285#	gel	62.70	
1107A	55#	phenoseal	71.25	
		material sub	1401.95	
		less 30%	-420.59	
		material total		981.36
4402	1	2 1/2 ply		29.00
				3043.96
				77.33
				2591.19

☒ completed

Ravin 3737

NO company rep

Jim Dyer

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.