



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202565
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: _____

1202565

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)*

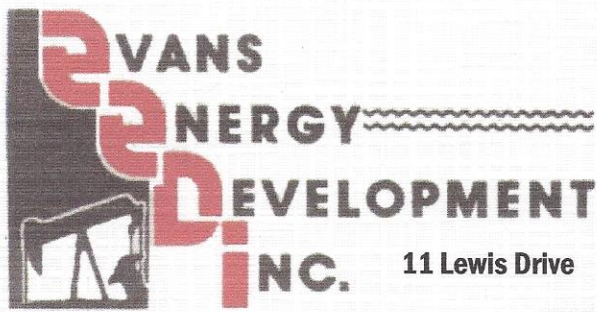
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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-59
API # 15-121-30,082
April 16 - April 18, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
25	soil & clay	25
29	shale	54
23	lime	77
11	shale	88
5	lime	93
37	shale	130
15	lime	145
31	shale	176
7	lime	183
6	shale	189
20	lime	209
5	shale	214
16	lime	230
2	shale	232
3	lime	235
19	shale	254
4	sand	258 hard green sand (gassy)
113	shale	371
5	limey sand	376 hard, light bleeding
9	broken sand	385 very soft 60% sand 40% shale, light bleeding
4	limey sand	389 hard, ok bleeding
4	broken sand	393 90% brown sand 10% shale good bleeding
5	limey sand	398 hard brown, ok bleeding
10	shale	408
4	lime	412
2	shale	414
2	lime	416
4	lime	420 lots of porosity great bleeding
6	lime	426
31	shale	457
9	lime	466
13	shale	479
2	lime	481
16	shale	497
3	lime	500
17	shale	517
5	lime	522
28	shale	550

1	coal	551
23	shale	574
10	broken sand	584 light brown sand & shale, no oil
6	sand	590 light brown, light oil odor, makes water
25	broken sand	615 light brown sand & shale
1	coal	616
15	shale	631
4	broken sand	635 70% brown sand 30% shale, ok bleeding
8	silty shale	643
9.5	oil sand	652.5 brown sand, ok bleeding
0.5	shale	653
9	oil sand	662 brown, good bleeding
0.5	broken sand	662.5 30% brown sand 70% shale
4.5	oil sand	667 darker sand, good bleeding
4	limey sand	671 50% sand 50% shale, ok bleeding
1	shale	672
2	coal	674
38	shale	712
1	coal	713
37	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 744.7' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.
Baffle set 31.6' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
645		40
646		43
647		36
648		36
649		36
650		41
651	1	5
652		41
653		42
654		36
655		38
656		39
657		42
658		37
659		41
660		31
661		39
662		41
663		42
664		40



CONSOLIDATED
Oil Well Services, LLC

267535

TICKET NUMBER 47074
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-18-14	4448	Jocckel KR-59	SW 13	17	22	Mi.

CUSTOMER
Kansas Resources E&D
MAILING ADDRESS
9393 W 110th
CITY Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Almad	Safety Meet	
368	AlMad		
369	Der Mag		
558	Mat Col		

JOB TYPE log strings HOLE SIZE 5 7/8 HOLE DEPTH 700 CASING SIZE & WEIGHT 2 1/8
CASING DEPTH 744.7 DRILL PIPE _____ TUBING _____ OTHER 6' 714.05
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.15 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100 # gel followed by 113 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. Closed valve.

Evans, Mitchell

Alan Mader

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	744.7	casing footage	368	
5407	1/2 mi	for miles	558	184.00
55026	1 1/2	80 vac	369	150.00
1124	113	50/50 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
4702	1	2 1/2 ply		29.50
		<input checked="" type="checkbox"/> completed	3085.19	
		SALES TAX		79.39
		ESTIMATED TOTAL		2620.06

AUTHORIZATION NO COMPANY REP
JIM OK

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