



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203678
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: _____

1203678

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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Miami County, KS
Well: Doherty KR-2
Lease Owner: Ks Res Exp

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
04/28/2014

WELL LOG

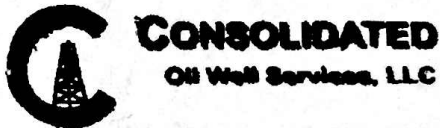
Thickness of Strata	Formation	Total Depth
27	soil/clay	27
30	shale	57
23	lime	80
11	shale	91
5	lime	96
38	shale	134
14	lime	148
12	shale	160
26	lime	186
6	shale	192
20	lime	212
3	shale	215
17	lime	232
5	shale	237
2	shale and lime	239
7	sandy shale	246
9	shale	255
6	sandy shale	261
10	sandy shale	271
104	shale	375
4	broken sand	379
9	sandy shale	388
1	broken sand	389
3	sandy lime	392
1	sandy lime	393
2	sand	395
2	sand	397
2	sand	399
1	sand	400
3	bbroken sand	403
11	shale	414
2	lime	416
1	shale	417
2	sandy lime	419
2	sandy lime	421
3	sandy lime	424
2	sandy lime	426
5	lime	431
16	sandy shale	447
17	shale	464

ty, KS
erty KR-2
owner: Ks Res Exp

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
04/28/2014

4	lime	468
5	sandy shale	473
12	shale	485
3	lime	488
3	shale and slate	491
14	shale	505
6	lime and shale	511
18	shale	529
3	lime and shale	532
9	shale	541
5	lime and shale	546
6	shale	552
3	lime	555
12	slate and shale	567
2	coal	569
6	shale	575
1	broken sand	576
6	sand	582
31	sand	613
2	broken sand	615
2	coal and sandy shale	617
7	shale	624
2	lime	626
3	shale	629
4	sandy shale	633
2	broken sand	638
6	sandy shale	644
3	broken sand	647
20	cored	667
4	sand	671
1	broken sand	672
3	coal and shale	675
65	shale	740-TD



267791

TICKET NUMBER 47129

LOCATION Ottawa

FOREMAN Alan Mader

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
4-29-14	4448	Doherty KR-2	NW 24	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	Alan Mader	Safety	Meat
368	Al Mader		
369	Der Mas		
558	Mat Col		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 8 1/8
CASING DEPTH 718.60 DRILL PIPE _____ TUBING _____ OTHER 689.15 bf
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
DISPLACEMENT 4 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100 # gel followed by 100 5/8 50/50 cement plus 270 gal 1/2 # Pheno seal per sack. Circulated cement. Flashed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

Chad TDS

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	10	MILEAGE from Gantwright	368	42.00
5402	718.60	casing footage	368	—
5407	1/2 mi	ton miles	558	184.00
5502C	2	80 wdg	369	200.00
1124	100	50/50 Cement	1150.00	
1118B	272	gel	579.89	
1107A	50	Pheno seal	67.50	
		material sub	1277.34	
		less 30% -	383.20	
		Material Total		894.14
4402	1	2 1/2 plug		29.50
			2917.82	
		SALES TAX		70.67
		ESTIMATED TOTAL		2505.31

Ravin 3737

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.