



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203694
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: _____

1203694

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)*

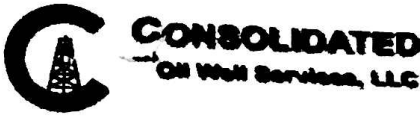
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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266939

TICKET NUMBER 42784
 LOCATION Ottawa KS
 FOREMAN Fred 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
3-26-14	4448	Chisam # RR-37	SE 15	19	22	M1
CUSTOMER Kansas Resources Expl & Dev			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th St			712 Fre Mad			
CITY STATE ZIP CODE Overland Park KS 66210			495 Har Bec			
			675 Ki Det			
JOB TYPE <u>Logging</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>570'</u>	CASING SIZE & WEIGHT <u>2 3/4 EUE</u>			
CASING DEPTH <u>565.89</u>	DRILL PIPE <u>Baffle</u>	TUBING <u>Ø 532.60</u>	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT <u>3.09 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>			

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump
 100# Gel Flush. Mix + Pump 51Ks 50/50 Poz Mix Cement
 2% Gel 1/2" Phenol Seal/sk. Cement to surface. Flush pump
 + lines clean. Displace 2 1/2" Rubber plug to baffle in casing.
 Pressure to 800 PSI. Release pressure to set float valve.
 Shut in casing.

Jackman Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1055 ⁰⁰
5406	35mi	MILEAGE	495	147 ⁰⁰
5402	565.89	Casing footage		N/C
5407	Minimum	Ten Miles		368 ⁰⁰
5502c	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
1124	100 SKS	50/50 Poz Mix Cement	1150 ⁰⁰	
1118B	268 #	Premium Gel	5896 ⁰⁰	
11074	50 #	Phenol Seal	675 ⁰⁰	
		Material	1276 ⁴⁶	
		Less - 30%	-382 ⁹⁴	
		Total Material		893 ⁵²
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			3105.96	
			-382.94	2723.02
			7.65%	206.62
			SALES TAX	70 ⁶²
			ESTIMATED TOTAL	2793 ⁶⁴

completed

AUTHORIZATION [Signature] 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.

Jackman Oilfield Services
 1 West Mulberry St.
 Colony, KS 66015
 620-852-3350

WELL LOG
 Kansas Resource Exploration & Development, LLC
 Chisam KR-37

March 22, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
8	soil/clay	8	
77	lime	85	
4	black shale	89	
14	lime	103	
7	lime	110	
143	shale	253	
3	lime	256	
18	shale	274	
14	lime	288	
1	sand	289	good bleed
1	lime	290	
50	shale	340	
8	lime	348	
14	shale	362	
2	lime	364	
1	coal	365	
34	shale	399	
20	lime	419	
7	shale	426	
4	lime	430	
3	coal	433	
3	lime	436	
10	shale	446	
1	lime	447	
1	shale	448	
1	lime	449	
2	coal	451	
5	shale	456	
5	coal	461	
10	shale	471	
2.50	broken sand	473.50	good bleed
3.00	oil sand	476.50	heavy bleed
37	shale	513	
1	lime	514	

31	shale	545	
4	lime	549	
8	black shale	557	
1	lime	558	
6	shale	564	
6	sandy shale	570	TD

Drilled a 9 7/8" hole to 19'7"

Drilled a 5 7/8" hole to 570'

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

Set 565.80' of 2 7/8" round upset tubing. Baffle @ 532.60'

Chisam KR-37