



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203700
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: _____



1203700

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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LEASE NAME Kitchen OPERATOR KRED

START DATE: 4/4/12

WELL # KRI-2 LOCATION: Miami

API #

SURFACE PIPE: 20 Ft 7" Cement (#bags) 5

PRODUCTION: 278 PIPE: 576.35 SIZE: 5 =FI Baffle 31.65 set at 544.7'

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
		soil-clay	0-6			core	495 ^s -508
		shale	6-10			sand good bleed	495 ^s -496 ^s
		lime	10-12		75%	sand bleeding	496 ^s -498 ^s
		shale	16-40		20%	sand lite bleed	498 ^s -499
		lime	40-43			shale	499-508
		shale	43-85			shale	508-561
		lime	85-99		little oil	broken sand	561-565
		shale	99-109			shale	565-590
		lime	109-120				
		shale	126-122			590 TD	
		lime	122-140				
		shale	140-148				
		lime	148-165				
		shale	165-170				
		lime	170-177				
		shale	177-179				
	KC	lime	179-183				
		shale	183-201				
		sand	201-203				
		shale	203-287				
		sand	287-293				
		shale	293-346				
		lime	346-366				
		shale	366-409				
		lime	409-416				
		shale	416-428				
		lime	428-430				
		shale	430-448				
		lime	448-457				
		shale	457-474				
		lime	474-479				
		coal	479-481				
		lime/oil	481-489				
		shale	489-495 ^s				



CONSOLIDATED
Oil Well Services, LLC

267331

TICKET NUMBER 42777
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-8-14	4448	Kitchen KR F-2	NE 13	18	21	Mi

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources E+D	730	Alamad	Safety	Meer
	368	Ar/Med		
	369	Der/Mas		
	548	Mik Hag		

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

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 590 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 576.35 DRILL PIPE _____ TUBING _____ OTHER bf 544.7
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 3.17 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing. Mixed & pumped 100# gel followed by 88 sk 50/50 cement plus 270 gel and 1/2# Pheno seal per sack. Circulated cement. Flashed pump, pumped plug to baffle, Well held 800 PSI. Set float.

Utah, Brad & Waylon

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	840.00
5402	576.35	Casing footage	368	
5407	1/2 min	ton miles	548	184.00
5502C	1/2	80 val	369	150.00
11241	88	50/50 cement	1012.00	
1118B	248#	gel	54.56	
11079	44#	Pheno seal	59.40	
		Material sub	1125.96	
		less 30% -	337.79	
		Material total		788.17
4402	1	2 1/2 ply		29.50
		<input checked="" type="checkbox"/> completed	2746.85	

Ravin 3737

no company rep

AUTHORIZATION Jim DKR TITLE _____ DATE _____
 SALES TAX 62.55
 ESTIMATED TOTAL 2383.22

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.