



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203702
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: _____

1203702

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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WELL LOG

Thickness of Strata	Formation	Total Depth
11	soil/clay	11
26	lime	37
11	shale	48
1	lime	49
7	shale	56
5	shale and shells	61
3	lime	64
41	shale	105
15	lime	120
10	shale	130
30	lime	160
6	shale and slate	166
23	lime	189
4	shale and slate	193
5	lime	198
2	shale	200
5	lime	205
16	shale	221
6	sand	227
28	sandy shale	255
56	shale	311
5	sand	316
7	sandy shale	323
22	shale	345
5	sandy lime	350
5	shale	355
8	sand	363
3	sandy shale	366
5	shale	371
11	lime	382
2	shale	384
5	lime	389
3	shale	392
8	sand	400
9	sandy shale	409
13	shale	422
2	coal	424
3	shale	427
8	lime	435
5	sandy shale	440

8	shale	448
2	lime	450
2	slate	452
13	shale	465
16	lime	481
13	shale	494
47	lime	498
3	shale and slate	501
6	lime	507
5	shale	512
1	sand	513
1	sand	514
7	sand	521
3	sand	524
3	sand	527
10	sandy shale	537
46	shale	543
6	sand	589
3	broken sand	592
5	sandy shale	597
18	shale	615
5	lime	620
4	shale	624
9	sand	633
8	sandy shale	641
14	shale	655
4	sand	659
11	sandy shale	670
5	sand	675
4	sandy shale	679
23	shale	702
3	sand	705
22	shale	727
4	sand	731
4	sandy shale	735
25	shale	760
6	sand	766
2	broken sand	768
3	sandy shale	771
11	shale	782
11	sand	793
24	shale	817
3	sand	820
8	shale	828
3	sand	831
30	shale	861
3	lime	864

County, KS
Kitchen WSW 1
Le Owner:Ks.Res.Ex.

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

Commenced Spudding:
04/18/2014

7	lime	871
2	sandy lime	873
2	lime	875
65	sandy lime and lime	940
35	lime	975
1	very hard lime	976
4	sandy lime	980
1	very hard lime	981
11	lime and sandy lime	992
3	very hard lime	995
15	sandy lime and lime	1010
15	sandy lime and shale	1025
10	sandy lime and lime	1035
15	very hard lime	1050
30	sandy lime and lime	1080-TD



267679

TICKET NUMBER 47091

LOCATION Ottawa

FOREMAN Alan Moore

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			
4.23.14	4448	Kitchen 425W 1	NE 13	18	21	MI			
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER	
Kansas Resources ETD		730	Alan Moore		Safety		Moet		
MAILING ADDRESS		368	Alan Moore						
9393 W 110th		369	Des Mas						
CITY	STATE	ZIP CODE	503	Kec Car					
Overland Park	KS	66210							

JOB TYPE log string HOLE SIZE 13/4 HOLE DEPTH 1080 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1074.57 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 16.79 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm
 REMARKS: Held meeting. Checked well depth with wireline. Mixed and pumped 100# gel followed by 11 bbl dye marker. Mixed and pumped 149 sks 50150 cement plus 2# gel and 1# Phero seal per sack. Circulated dye. Flushed pump. Pumped plug to casing TD. Checked depth with wireline. Had 5 bbl cement returns Set float.

TOS, Chad

Alan Moore

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406		MILEAGE	368	-
5402	1074.57	casing footage	368	-
5407	mi	ten miles	503	368.00
5502C	2	80 USC	369	200.00
1124	147 SK	50150 cement	1190.50	1737.50
1118B	347 #	gel	76.34	26348.14
11074	147 #	Phero seal	198.45	29172.69
		material sub less 30% -	1965.29	589.59
		material total		1375.20
4404	1	4 1/2 plug		47.25
			<input checked="" type="checkbox"/> completed	
			3819.49	
			SALES TAX	108.85
			ESTIMATED TOTAL	3184.80

3avin 3737

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 for.