



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204097
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: _____

1204097

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Infinity Producers, LLC
Well Name	JACO 4
Doc ID	1204097

All Electric Logs Run

DUAL INDUCTION
BOND LOG
GAMMA RAY
MICRO LOG

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1134

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS - Horie, KS

DATE <u>10-19-13</u>	SEC. <u>6</u>	TWP. <u>11</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>9:15pm</u>	JOB FINISH <u>9:30pm</u>
LEASE <u>Jaco</u>	WELL #. <u>4</u>	LOCATION			COUNTY <u>ETHS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR Skytop

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 269

CASING SIZE 8 5/8 DEPTH 267

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20ft

PERFS

DISPLACEMENT 15 3/4

EQUIPMENT

OWNER

CEMENT AMOUNT ORDERED 175sr com 30% CC 2% gel

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

PUMP TRUCK CEMENTER Heath

P1 HELPER Cody

BULK TRUCK DRIVER Eric

B1

BULK TRUCK DRIVER

REMARKS:

Ran 6 JTS of 8 5/8 casing and landing it

Est Circulation with mud pump

Hooked up and mixed 175sr com disp 15 3/4

bat of H2O - shut in @ 300psi

Cement did Circulate!

CHARGE TO: Infinity Producer's

STREET 2060 Hwy 18

CITY Plainville STATE KS ZIP 67663

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE 12x2 @

MANIFOLD @

TOTAL

Schippers Oil Field Services, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Richard Garaway

SIGNATURE [Signature]

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1143

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS - Hovie, KS

DATE <u>10-26-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>300</u>	WELL #. <u>41</u>	LOCATION				COUNTY <u>Ellis</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR <u>Skytop Drilling</u>	OWNER
TYPE OF JOB <u>Long string</u>	
HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE <u>5 7/8</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1500ps</u>	MINIMUM <u>100ps</u>
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT <u>84.4 bbl</u>	
EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Heath</u>
# <u>121</u>	HELPER
BULK TRUCK	
# <u>134</u>	DRIVER <u>Eric</u>
BULK TRUCK	
# <u>133</u>	DRIVER <u>Ryan</u>

CEMENT AMOUNT ORDERED <u>135 sr com 10% Scott 2% opkster</u>	
<u>275 sr 60/40 6% gel</u>	
COMMON _____	@ _____
POZMIX _____	@ _____
GEL _____	@ _____
CHLORIDE _____	@ _____
ASC _____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
HANDLING _____	@ _____
MILEAGE _____	@ _____
	TOTAL _____

REMARKS:

Run job of 5 7/8 casing - etc reconnection
hook up and mixed 135sr. Shut down washed
pump and lines clean and disp 84.4 bbl of H₂O
@ 375 ps @ 600ps - plug landed @ 1500ps
Released and float held - it stuck and cement
@ 600ps - 1st cement on well mixed 30sr
washed clean and disp 2 bbl of H₂O - plug landed
@ 700ps - cement did circulate
Plug RH with 30sr

CHARGE TO: Infinity Producer's
STREET _____
CITY _____ STATE _____ ZIP _____

Schippers Oil Field Services, L.L.C.,
You are hereby requested to rent cementing equipment and
furnish cementer and helper(s) to assist owner or contractor to
do work as is listed. The above work was done to satisfaction
and supervision of owner agent or contractor. I have read and
understand the "GENERAL TERMS AND CONDITIONS"
listed on the reverse side. Thank you!!

PRINTED NAME _____
SIGNATURE [Signature]

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____	@ _____
MILEAGE _____	@ _____
MANIFOLD _____	@ _____
_____	@ _____
_____	@ _____
	TOTAL _____

PLUG & FLOAT EQUIPMENT

<u>1 - HCU float shoe</u>	@ _____
<u>1 - PV tank with L/D</u>	@ _____
<u>15 - cement</u>	@ _____
<u>100 gal mud flush</u>	@ _____
<u>2 - 2" ball in basket</u>	@ _____
<u>1 - weatherford basket</u>	@ _____
	TOTAL _____

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS