



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204289
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: _____

1204289

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)*

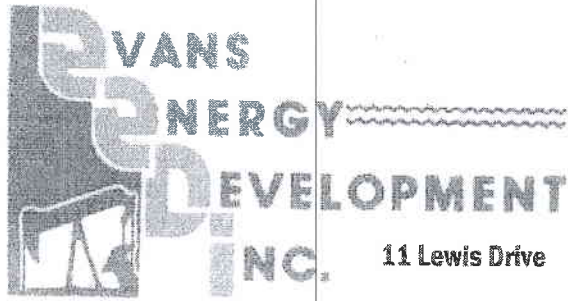
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083
Fax: 913-557-9084

WELL LOG

Vast Petroleum of Kansas LLC
Jewel J. Shikels #28
API #15-107-24,843
January 22 - January 24, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
8	lime	12
19	sandstone	31 grey no oil show
72	shale	103
10	lime	113
3	shale	116
37	lime	153
7	shale	160
24	lime	184
5	shale	189
20	lime	209 base of the Kansas City
21	shale	230
28	sand	258 grey no oil show
112	shale	370
9	lime	379
7	shale	386
9	lime	395
54	shale	449
17	lime	466
8	shale	474
3	lime	477
27	shale	504
8	lime	512
17	shale	529
3	lime	532
1	shale	533
5	lime	538
8	shale	546
4	lime	550
13	shale	563
9	silty shale	573
1	broken sand	574 brown & grey light oil show
4	silty shale	578
1	broken sand	579 brown & grey, light bleeding
2	silty shale	581
2	broken sand	583 brown & grey light bleeding
1	shale	584
11	broken sand	595 brown & grey light bleeding

1	shale	596
8	broken sand	604 brown & grey light bleeding
1	silty shale	605
2	broken sand	607 brown & grey light bleeding
2	shale	609
8	broken sand	617 brown & grey ok bleeding
3	sand	620 black no oil show
7	silty shale	627
7	shale	634
1	coal	635
22	shale	657
7	sand	664 white no oil show
21	shale	685
1	coal	686
32	shale	718 TD

Drilled a 12 1/4" hole to 21.4'

Drilled a 6 3/4" hole to 718'

Set 21.4' of 8 5/8" threaded and coupled surface casing, cemented with 7 sacks cement.

Set 708.8' of 4 1/2" tubing including 6 centralizers, 1 float shoe, 1 baffel, 1 clamp.

15-107-24843-00-00



CONSOLIDATED
Oil Well Services, LLC

265652

TICKET NUMBER 42582

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
1-24-14	8553	Jewel Shikels #28	NE 25	20	21	LN
CUSTOMER VAST Petroleum of KS LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10939 N Alpine Hiway			712	Fred Mad		
CITY Highland	STATE UT	ZIP CODE 84003	495	Horbae		
			369	DerMas		
			570	Set Tec		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 718 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 708 DRILL PIPE Baffle in casing @ 676 TUBING @ 676 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 10.73 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. 6.5 BBL. Telltale dye. Follow w/ 104.5 SKS 50/50 Pow Mix Cement 2% Gel 2% Calcium Chloride 1/4" Flo Seal / SK. Flush pump + lines clean. Displace 4 1/2" Rubber plug to Baffle in casing. Pressure to 600# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. Travis.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	35	MILEAGE	495	1085 ⁰⁰
5402	708	Casing Footage	495	147 ⁰⁰
5407	Minimum	Ton Miles	570	N/C
5502C	2 hrs	80 BBL Vac. Truck	369	368 ⁰⁰ 180 ⁰⁰
1124	1045 SKS	50/50 Pow Mix Cement		1196 ⁰⁰
118b	275 #	Premium Gel		60 ⁵⁰
1102	175 #	Calcium Chloride		136 ⁵⁰
1107	26 #	Flo Seal		64 ²²
4404	1	4 1/2" Rubber Plug		47 ²⁵
			6,159 ⁰⁰	SALES TAX 92 ⁵³
				ESTIMATED TOTAL 3376 ⁰⁰

Ravin 3737

AUTHORIZATION Joab Ogby by Phone 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.