



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204294
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: _____

1204294

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)*

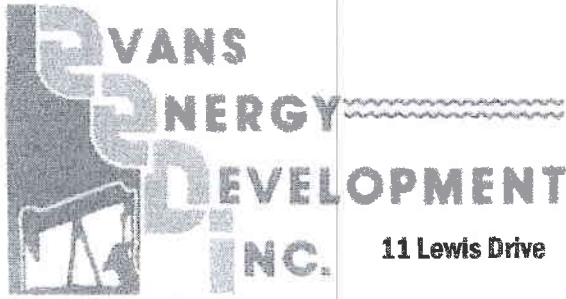
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive Paola, KS 66071

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

WELL LOG

Vast Petroleum of Kansas LLC
Jewel J. Shikels #1-16
API #15-107-24,821
January 20 - January 23, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
9	lime	14
20	sandstone	34
73	shale	107
8	lime	115
6	shale	121
37	lime	158
7	shale	165
24	lime	189
4	shale	193
18	lime	211 base of the Kansas City
27	shale	238
21	sand	259 grey no oil show
130	shale	389
10	lime	399
59	shale	458
3	lime	461
7	shale	468
4	lime	472
5	shale	477
5	lime	482
26	shale	508
10	lime	518
16	shale	534
2	lime	536
25	shale	561
3	lime	564
2	shale	566
3	silty shale	569
3	broken sand	572 brown & grey, light oil show
4	shale	576
5	broken sand	581 brown & grey light oil show
2	shale	583
33	broken sand	616 brown & grey light bleeding
3	silty shale	619
6	sand	625 black no oil show
26	shale	651
1	coal	652

3	shale	655
10	sand	665 white, no oil
20	shale	685
8	sand	693 grey, no oil
9	shale	702
1	coal	703
5	shale	708 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 708'

Set 22.4' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 698' of 2 7/8" 8 round upset tubing including 6 centralizers, 1 float shoe, 1 baffel, 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

265590

TICKET NUMBER 42580

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
1-22-14	8553	Towd Shikels # I-16	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			475	Nar Bee		
STATE UT			370	Jas Ric		
ZIP CODE 84003			510	Set Tuc		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 708 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 698 DRILL PIPE Baffle in TUBING @ 666 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32.4 Plug
 DISPLACEMENT 3.87 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel
flush. Mix + Pump 114 sks 50/50 Per Mix Cement 2 1/2 Gal 2% Calcium
chloride 1/4" Flo Seal/sk. Cement to surface. Flush pump + lines clean
Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800 PSI.
Hold + Monitor pressure for 30 min MIT. Release pressure to set
Float Valves. Shut in casing.

Evans Energy Dev Inc. Trails

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	.1	PUMP CHARGE		1085 ⁰⁰
5466	35 mi	MILEAGE		147 ⁰⁰
5402		Casing Footage		N/C
5407	Minimum	Ton Miles		368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	114 sks	50/50 Per Mix Cement		1311 ⁰⁰
118B	292 #	Premium Gel		6424
1102	192 #	Calcium Chloride		14976
1107	29 #	Flo Seal		7163
4402	1	2 1/2" Rubber Plug		2950
			6,150	SALES TAX
				ESTIMATED TOTAL
				100 ⁰¹
				3506 ¹⁴

Rev 3737

AUTHORIZATION Sans Edy

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