



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205254
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: _____

1205254

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

267103

TICKET NUMBER 42769
LOCATION Ottawa
FOREMAN Alan Mader

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
4-1-14	4448	Bartlett KR-18	NW 13	18	21	Mi

CUSTOMER
Kansas Resources E+D
MAILING ADDRESS
93 93 W 110th
CITY
Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mad	Safety Meet	
368	Al Mader		
369	Der Mas		
503	Mat Coc		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 541 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 533.1 DRILL PIPE _____ TUBING _____ OTHER 6' 502.5
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 2.9 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 83 sk 50/150 cement plus 2# gel & 1/2# pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Utah, Brad
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	84.00 ✓
5402	533.1	Casing footage	368	— ✓
5407	1/2 min	ton miles	503	184.00 ✓
5502C	2	80 var	369	200.00 ✓
1127	83	50/150 cement	554.50	✓
1118B	239#	gel	52.58	✓
1107A	42#	Pheno seal	56.70	✓
		Material sub	1063.78	✓
		less 30% Material total	- 319.13	744.65
41902	1	2 1/2 plug		29.50 ✓
			2729.92	

SALES TAX 59.23
ESTIMATED TOTAL 2386.38
Ravin 3737 **completed**

AUTHORIZATION NO company rep Jim OK'd 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

LEASE NAME Bartlett OPERATOR KRED
 WELL # KR-18 LOCATION: Miami
 SURFACE PIPE: 20' H: 7" Cement (#bags) 5
 PRODUCTION: 278 PIPE: SIZE: " FEET 533.1' Baffle 30.6' set at 502.5

START DATE: 4/1/14
 API:

Driller Brad

1 core

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
		soil - clay	0-8'			Shale	466-470
		Shale	8-19			lime	470-471
		lime	19-24			bleed limy sand	471-472
		Shale	24-59			core 472-490	
		lime	59-60			lime	472-472
		Shale	60-68			Heavy bleed oil sand	472.3-473
		lime	68-83			95% shale	473.3-474
		lime Shale	83-93			bleed 40% oil sand	474.9-475
		lime	93-120			light bleed 15% oil sand	476-477
		Shale	120-128			shale	477-478
		lime	128-151			bleed 20% sand	478-480
		Shale	151-156			Shale	480.5-481
		lime	156-166			thin oil seams mostly shale	482-483
		Shale	166-184			shale	483-484
		Gray Sand	184-187			shale	488-500
		Shale	187-272			lime	540-541
		broken sand	272-280				
		Shale	280-308				
		lime	308-316				
	Hard	sandy shale	316-323				
		Shale	323-333				
		lime	333-356				
		Shale	356-359				
		Gray Sand	359-361				
	bleed	Oil Sand	361-362				
		sandy Gray Shale	362-364				
		Shale	364-373				
		Blk Shale	373-390				
		lime	390-399				
		Shale	399-410				
		lime	410-439				
		Shale	439-454				
		lime	454-457				
		coal	457-459				
	oil	lime	459-464				

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