



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205598
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: _____

1205598

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)*

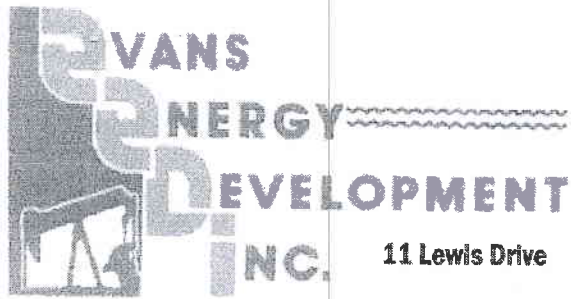
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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**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
Shikels #1-21
API #15-107-24,886
January 17 - January 20, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil & clay	3
13	lime	16
37	sandstone	53
53	shale	106
7	lime	113
6	shale	119
37	lime	156
13	shale	169
20	lime	189
3	shale	192
20	lime	212 base of the Kansas City
26	shale	238
25	sand	263 grey, no oil
126	shale	389
10	lime	399
54	shale	453
7	lime	460
5	shale	465
4	lime	469
5	shale	474
4	lime	478
29	shale	507
8	lime	515
15	shale	530
2	lime	532
3	shale	535
3	lime	538
26	shale	564
10	silty shale	574
1	broken sand	575 brown & grey light oil show
1	broken sand	576 brown & grey, ok bleeding
1	silty shale	577
3	broken sand	580 brown & grey, light oil show
3	shale	583
8	broken sand	591 brown & grey, light oil show
1	silty shale	592
16	broken sand	608 brown & grey, ok bleeding
1	shale	609

Shikels #I-21

Page 2

5	broken sand	614 brown & grey, ok bleeding
4	silty shale	618
3	oil sand	621 black, light oil show
15	silty shale	636
1	coal	637
79	shale	716 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 716'

Set 22.6' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 706.5' of 2 7/8" 8 round upset tubing including 6 centralizers, 1 float shoe, 1 baffel, 1 clamp.

15-107-24886-00-00



CONSOLIDATED
Oil Well Services, LLC

265518

TICKET NUMBER 42579

LOCATION Ottawa KS

FOREMAN Fred Madar

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
1-20-14	8553	Jewel Shikel # T-21	NE 25	20	21	LN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			712	Fremad		
CITY			475	Har Bec		
STATE			370	Kei Car		
ZIP CODE			510	Mik Hag		

Jewel Shikel # T-21
 CUSTOMER: VAST Petroleum of KS LLC
 Mailing Address: 10939 N Alpine Highway
 City: Highland STATE: UT ZIP CODE: 84003
 JOB TYPE: Long string HOLE SIZE: 5 7/8 HOLE DEPTH: 716 CASING SIZE & WEIGHT: 2 7/8 EOE
 CASING DEPTH: 706 DRILL PIPE: Baffle in TUBING @: 674 OTHER:
 SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: 32' + Plug
 DISPLACEMENT: 3.92 BBL DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 5.8 PM

REMARKS: Hold crew safety meeting. Establish pump rate mix pump 100% Gel Flush. Mix + Pump 118 SKS 50/50 Por Mix Cement 2 7/8 Gal 290 Calcium Chloride. 1/4" Flo Seal /ok. Cement to surface. Flush pump + lines clean. Displace 2 7/8" Rubber plug to Baffle in casing. Pressure to 800 PSI. Hold + Monitor Pressure for 30 min MDT. Release Pressure to set float valve.

Evans Energy Dev. Inc. Travis

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	35 mi	MILEAGE	495	147.00
5402c	706	Casing Footage		N/C
5407	minimum	Ten Miles	510	368.00
3502c	2 hrs	80 BBL Vac Truck	370	180.00
1124	118 SKS	50/50 Por Mix Cement		1357.00
118B	299 #	Premium Gel		625.78
1102	199 #	Calcium Chloride		155.22
1107	30 #	Flo. Seal		74.10
4402	1	2 7/8" Rubber Plug		29.50
			6.15%	SALES TAX
				ESTIMATED TOTAL

Rev'n 3737

AUTHORIZATION SOAK OK

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.