



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205652
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: _____

1205652

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> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

268000

TICKET NUMBER 47179
LOCATION Ottawa KS
FOREMAN Fred Madar

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-7-14	4448	Doherty #KR 50	NW 24	17	22	MI

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources Expl + Dev	712	Fred Mad		
	495	Harv Bee		
	370	Joe Ric		
	503	Kel Car		

CUSTOMER	STATE	ZIP CODE
Kansas Resources Expl + Dev	KS	66210

CITY	STATE	ZIP CODE
Overland Park	KS	66210

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8 EWF
 CASING DEPTH 701.28 DRILL PIPE Baffle in TUBING @ 670.40 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
 DISPLACEMENT 3.70 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump
100 # Gel Flush. Mix + Pump 95 sks 50/50 Por Mix Cement
2% Gel 1/2 # Pheno Seal/sk. Cement to surface. Flush pump +
lines clean. Displace 2 1/2" Rubber plug to baffle in casing.
Pressure to 800 # PSI. Release pressure to set float valve.
Shut in casing.

TOS Drilling - Chad Weaver Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰ ✓
5406	15 mi	MILEAGE	495	63 ⁰⁰ ✓
5402	701.20	Casing footage		N/C ✓
5407	1/2 Minimum	Tan Miles	503	184 ⁰⁰ ✓
5502C	1 1/2 hr	80 BBL Vac Truck	370	150 ⁰⁰ ✓
1124	95 sks	50/50 Por Mix Cement	1092 ⁵⁰	✓
1118B	260 #	Premium Gel	573 ⁰⁰	✓
1107A	415 #	Pheno Seal	64 ⁰⁰	✓
		Material	1214 ⁵⁰	
		Less 30%	-364 ³⁵	
		Total		850 ¹⁵
21402	1	2 1/2" Rubber Plug		29 ⁵⁰
				2821.18
			7.65%	SALES TAX 67 ³¹
				ESTIMATED TOTAL 2428 ⁹⁶

completed

AUTHORIZATION _____ 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.

Miami County, KS
Well:Doherty KR-50
Lease Owner:Ks Res Esplo

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
05/06/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
18	soil/clay	18
6	shale	24
22	lime	46
11	shale	57
4	lime	61
40	shale	101
15	lime	116
12	shale	128
26	lime	154
8	shale	162
18	lime	180
3	shale	183
16	lime	199
2	shale	201
2	sand and lime	203
15	sandy shale	218
6	shale	224
6	sand	230
21	sandy shale	251
66	shale	317
4	sand	321
5	sandy shale	326
10	sand and sandy shale	349
3	sandy lime	352
2	sand	354
4	sandy shale	359
10	shale	369
3	sandy lime	372
4	sandy lime	376
1	sandy lime	377
1	sandy lime	378
1	sandy lime	379
9	lime	388
6	shale	394
4	lime	398
4	broken sand	402
4	sand	406
22	sandy shale	428
2	coal	430
4	shale	434

Miami County, KS
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Commenced Spudding:
05/06/2014

3	lime	437
3	sandy lime	440
4	sand	444
12	shale	456
2	lime	458
3	slate	461
16	shale	477
6	lime and shale	483
21	shale	504
2	lime	506
4	shale	510
3	slate	513
6	shale	519
2	lime	521
3	sand and lime	524
3	sandy shale	527
7	shale	531
2	lime	536
5	shale	541
5	slate	546
2	coal	548
3	sandy shale	551
9	shale	560
17	sand	577
1	sandy lime	578
1	broken sand	579
2	coal and shale	581
7	shale	588
3	lime and shale	591
3	shale	594
6	broken sand	600
2	broken sand	602
3	sandy shale	605
3	broken sand	608
2	broken sand	610
2	broken sand	612
2	sand	614
2	sandy lime	616
2	sand	618
1	sand	619
10	core	629
4	sand	633
13	shale	646
6	sandy lime	652
12	shale	664
6	sandy shale	670
9	shale	679

Miami County, KS
Well: Doherty KR-50
Lease Owner: Ks Res Esplo

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Commenced Spudding:
05/06/2014

4	broken sand	683
57	shale	740-TD