



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205683
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: _____

1205683

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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LEASE NAME Harrison OPERATOR KRED START DATE: 21 Apr 14
 WELL # KR 30 LOCATION: Mlamy API # _____
 SURFACE PIPE: 7" FL 2 1/8" Cement (#bags) 5
 PRODUCTION: _____ PIPE: USED SIZE: 2 7/8 = FT 763.65

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
10	Soil		10	19	Lime		343
13	Lime		23	2	coal		345
3	Shale		26	3	Shale		348
5	Lime		31	1	Lime		349
2	Shale		33	1	Shale		350
15	Lime		48	3	Lime		353
4	Shale		52	1	Shale		354
1	Lime		53	2	Lime		356
13	Shale		66	1	Shale		357
3	Lime		69	4	Lime	KC Base	361
1	Shale		70	156	Shale		517
12	Lime		82	3	Lime		520
12	shale		94	2	Shale		529
1	Lime		95	8	Lime	Soft	537
74	Shale		169	4	Shale		541
5	Lime		174	5	Lime	Soft	546
1	Shale		175	2	Coal		548
13	Lime		188	22	Shale		570
1	Shale		189	4	Lime		574
2	Lime		191	24	Shale		590
5	Shale		206	2	Lime		592
3	Lime		209	7	Shale	Some Coal	599
9	Shale		218	3	Lime		602
5	Lime		223	8	Shale		610
36	Shale	Some Red Bed	259	2	Lime		612
11	Lime		270	8	Shale		620
1	Shale		271	5	Lime		625
3	Lime		274	2	coal		627
14	Shale		288	3	Shale		630
11	Lime		299	2	Lime		632
1	Shale		300	8	Shale		640
14	Lime		314	2	Lime		642
2	Shale		316	15	Shale	white	657
2	Coal		318	2	Sand	Broken oil show	660
6	Shale		324	2	oil Sand	good bleed core part	662

LEASE NAME

OPERATOR

START DATE:

WELL #

LOCATION:

API #

SURFACE PIPE:

Ft

Cement(#bags)

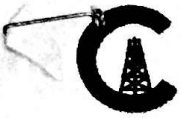
PRODUCTION:

PIPE:

SIZE:

=FT

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment
1	Lime		663			
1	gray Sand		664			
6	Broken Sand	good Bleed	670			
1	gray Sand		671			
1	Lime	Sand streaks	672			
2	Broken Sand		675			
3	gray Sand		678			
1 1/2	oil Sand	good Bleed	679 1/2			
1/2	Lime		680			
8	oil Sand	great Bleed	688			
94	Shale	TD	782			
*	1 core	662-682	*			
*	3 1/4 Bar file Joint	Ronnie	*			
	* Core Bleed out good *					
	good Bleed while Reaming					



CONSOLIDATED
Oil Well Services, LLC

267683

TICKET NUMBER 47121
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
4-23-14	4448	Harbison # KR-30	NE 6	17	22	MIT
CUSTOMER Kansas Resources Expl & Dev.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th St			712	Fred Mad		
CITY STATE ZIP CODE Overland Park KS 66210			495	HarBec		
			675	Kei Car		
			548	Mik Hea		
JOB TYPE <u>Long string</u>		HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>782</u>	CASING SIZE & WEIGHT <u>2 1/8 FUF</u>		
CASING DEPTH <u>763.65</u>		DRILL PIPE <u>Baffle in</u>	TUBING @ <u>733.65</u>	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug + 30'</u>		
DISPLACEMENT <u>4.26 30'</u>		DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>		
REMARKS: <u>Hold crew safety meeting. Establish circulation. Mix Pump 100# Gel Flush. Mix + Pump 115 sks 50/50 Por Mix Cement 2% Gel 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.</u>						

Utah Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	84 ⁰⁰
5402	763.65	Casing footage		N/C
5407	Minimum	Ten Miles	548	368 ⁹⁹
5502C	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
1124	115 sks	50/50 Por Mix Cement	1322 ⁵⁰	✓
1118B	294#	Premium Gel	646 ⁸	✓
1107A	58#	Pheno Seal	78 ³⁰	✓
		Material	1465 ⁴⁵	
		Less 30%	- 439 ⁶⁴	✓
		Total Material		1025 ⁸⁴
4402	1	2 1/2" Rubber Plug		294 ⁵⁰
			3346.35	✓
			7165 ⁷⁰	
			SALES TAX	8074
			ESTIMATED TOTAL	2873 ⁰⁸

completed

Ravin 3737

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.