



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205687
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: _____

1205687

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)*

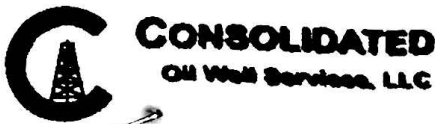
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> _____						
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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CONSOLIDATED
Oil Well Services, LLC

267998

TICKET NUMBER 47158
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
5-6-14	4448	Harbison # WSW-1	N E 6	17	22	M1

CUSTOMER
Kansas Resources Expl & Dev.
MAILING ADDRESS
9393 W 110th St
CITY
Overland Park STATE
KS ZIP CODE
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Evo Mad		
495	Har Dec		
370	Joe Ric		
523	Ken Car		

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1050.3 CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 1030.3 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4" Plug
DISPLACEMENT 16.3588 DISPLACEMENT PSI _____ MIX PSI _____ RATE 53PM

REMARKS: Hold crew safety meeting. Wash down last Joint 4 1/2" Cos. G.
Mix + Pump 200# Gel Flush. Mix + Pump 11 BBL Telltale dye
Mix + Pump 157 sks 50/50 Poz Mix Cement 290 Gel 1/2" Phenol
Seal/sk. Flush pump & lines clean. Displace 4" Rubber Plug
to casing TO Pressure to 600# PSI. Release pressure to set
float valve. Shut in casing.

TOS Drilling: Greg Perry Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00 ✓
5406		MILEAGE		N/C ✓
5402	1030.3	Casing Footage		N/C ✓
5407	Minimum	Ten Miles	523	368.00 ✓
5502C	2 hrs	80 BBL Vac Truck	370	200.00 ✓
1124	157 sks	50/50 Poz Mix Cement	1805.50 ✓	
1115B	464#	Premium Gel	102.08 ✓	
1107A	79#	Phenol Seal	106.65 ✓	
		Total Material	2014.23 ✓	
		Less 308	604.27 ✓	
		Total		1409.96 ✓
4404	1	4 1/2" Rubber Plug		47.35 ✓
			3872.18	
		7.65%	SALES TAX	111.47 ✓
			ESTIMATED TOTAL	3221.68 ✓

completed

AUTHORIZATION Gray 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: Harbison WSW-1
Lease Owner: Ks Res Expl

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

Commenced Spudding:
05/02/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	soil-clay	15
4	lime	19
9	shale	28
9	lime	37
14	shale	51
17	lime	68
4	shale	72
23	lime	95
25	shale	120
4	sand	124
62	shale	186
20	lime	206
6	shale	212
14	sand	226
11	shale	237
4	lime	241
33	shale	274
16	lime	290
16	shale	306
11	Lime	317
2	shale	319
11	lime	330
9	shale	339
22	lime	361
6	shale	367
4	lime	371
3	shale	374
6	lime	380
24	shale	404
10	sand and sandy shale	414
70	shale	484
5	sand	489
5	sand	494
55	shale	549
7	lime	556
3	shale	559
5	lime	564
22	shale	586
9	lime	595
5	sand	600

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05/02/2014

9	shale	609
3	lime	612
18	shale	630
6	lime	636
9	shale	645
7	lime	652
18	shale and lime	670
5	shale	675
5	sand	680
1	lime	681
5	sand	686
16	sand	702
53	shale	755
5	lime	760
4	shale	764
2	lime	766
9	shale	775
9	sand	784
6	shale	790
9	sand	799
84	shale	883
3	sand	886
28	shale	914
6	sand	920
35	shale	955
51	sand	1006
47	shale	1053-TD