



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205701
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: _____

1205701

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)*

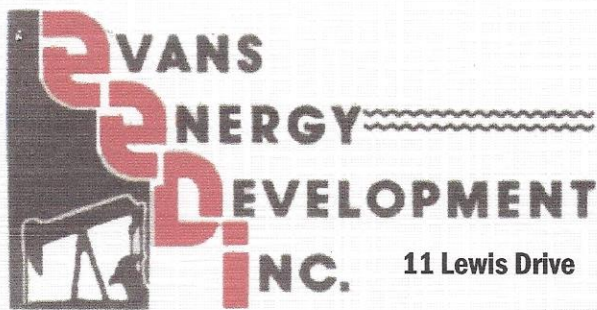
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC

Joeckel #KR-12

API # 15-121-30,060

April 29 - April 30, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
7	shale	12
16	lime	28
110	shale	138
20	lime	158
20	shale	178
6	lime	184
23	shale	207
24	lime	231
13	shale	244
26	lime	270
8	shale	278
18	lime	296
3	shale	299
3	lime	302
4	shale	306
11	lime	317 base of the Kansas City
31	shale	348
6	sand	354 hard, green sand
112	shale	466
3	limey sand	469 hard white & brown limey sand, good bleeding
1	oil sand	470 soft brown sand, good bleeding
3	limey sand	473 brown hard good bleeding
3	limey sand	476 brown & white, good bleeding
1	oil sand	477 soft brown, good bleeding
1	lime	478
3	shale	481
10	oil sand	491 slight hard brown, good bleeding and saturation
1	limey sand	492 mainly lime, light brown
8	oil sand	500 dark brown, very good bleeding
9	shale	509
7	lime	516
10	shale	526
4	lime	530
5	shale	535
1	coal	536
6	shale	542
10	lime	552
13	shale	565
2	lime	567

15	shale	582
2	lime	584
33	shale	617
3	lime	620
12	shale	632
1	coal	633
17	shale	650
5	silty shale	655
13	broken sand	668 20% brown sand, 80% shale, no oil
5	silty shale	673
20	broken sand	693 makes water, brown sand & shale
5	sand	698 light brown, no show
1	coal	699
15	shale	714
1	coal	715
9	silty shale	724
8	broken sand	732 20% brown sand, 80% shale, light bleeding
4	lime/sand/shale	736 5% sand, 10% lime, 85% shale
1.5	broken sand	737.5 90% sand, 10% shale, good bleeding
0.5	oil sand	738 brown, good bleeding
2	broken sand	740 90% brown sand 20% shale, good bleeding
0.5	shale	740.5
1.5	oil sand	742 good bleeding
0.5	limey sand	742.5 ok bleeding, hard
0.5	lime/sand/shale	743 5% sand 10% lime 85% shale, no show
8.5	shale	751.5
1.5	coal	753
57	shale	810 TD

Drilled a 9 7/8" hole to 22.8'

Drilled a 5 5/8" hole to 810'

Set 22.8' of 7" surface casing cemented with 5 sacks of cement

Set 800' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 31.6' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
738		57
739		38
740		43
741		38
742		41
743		54
744	1	14
745		54
746		42
747		48
748		47
749	1	4
750		57
751		46
752		32
753		36
754		47
755		50
756		44
757		34



CONSOLIDATED
Oil Well Services, LLC

267800

TICKET NUMBER 47132
LOCATION Oxtang
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
4-30-14	4448	Joekel KR-12	SW 13	17	22	Mi

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources E&D	730	Ala Mad	Safety	Meat
	368	Art McD		
	369	Doc Mas		
	558	Mat Cec		

CUSTOMER: Kansas Resources E&D
MAILING ADDRESS: 9393 W 110th
CITY: Overland Park STATE: KS ZIP CODE: 66210
JOB TYPE: long string HOLE SIZE: 3 7/8 HOLE DEPTH: 810 CASING SIZE & WEIGHT: 2 7/8
CASING DEPTH: 800.00 DRILL PIPE: TUBING: OTHER: 671 768.40
SLURRY WEIGHT: SLURRY VOL: WATER gal/sk: CEMENT LEFT in CASING: yes
DISPLACEMENT: 4.47 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 4 gpm

REMARKS: Held means. Established rate. Mixed & pumped 100# gel followed by 106sk 50150 cement plus 2% gel + 1/2 # Phenol seal per sack. Circulated cement. Plushed pump. Pumped plus to baffle. Well held 800 PSI. Set float. Closed valve.

Evans, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	1	MILEAGE	368	
5402	800.00	casing footage	368	
5407	1/2 min	ton miles	558	184.00
5502L	1 1/2	80 gal	369	150.00
1124	106	50150 cement	1219.00	
1118B	278#	gel	61.16	
1107A	53#	Phenol seal	71.55	
		Material sub	1351.71	
		less 30%	-405.51	
		material total		946.20
4402	1	2 1/2 plug		29.50
		<input checked="" type="checkbox"/> completed	2905.87	
		SALES TAX		74.64
		ESTIMATED TOTAL		2469.31

Ravin 3737

AUTHORIZATION: [Signature] 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.