



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205710
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: _____

1205710

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)*

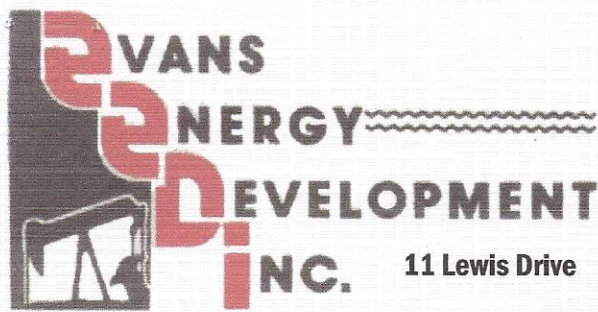
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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-35

API # 15-121-30,248

May 2 - May 5, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
20	soil & clay	20
70	shale	90
20	lime	110
22	shale	132
4	lime	136
31	shale	167
14	lime	181
12	shale	193
26	lime	219 oil show
9	shale	228
20	lime	248
2	shale	250
17	lime	267 base of the Kansas City
144	shale	411
3	broken sand	414 60% brown sand 40% shale, ok bleeding
3	silty shale	417
2	broken sand	419 80% hard limey brown sand, 20% shale good bleeding
4	broken sand	423 60% sand, 40% shale, ok bleeding
2	limey sand	425 brown hard, good bleeding
1	lime	426
5	limey sand	431 brown few thin soft spots, good bleeding
3	oil sand	434 brown soft good bleeding
4	broken sand	438 80% brown sand 20% shale, good bleeding
14	shale	452
3	lime	455
2	shale	457
2	lime	459 no oil
4	lime	463 15% lime with porosity, 85% lime, ok bleeding
3	lime	466 40% lime with porosity, 60% lime, good bleeding
6	lime	472
25	shale	497
8	lime	505
16	shale	521
3	lime	524
13	shale	537
2	lime	539
19	shale	558
9	lime	567
7	shale	574
3	lime	577

13	shale	590
1	coal	591
9	shale	600
4	silty shale	604
14	shale	618
6	silty shale	624
6	broken sand	630 light brown & grey, light bleeding
11	broken sand	641 light brown & shale, minimal odor, occasionally
7	sand	648 light brown, no oil
1	coal	649
13	shale	662
1	coal	663
1	shale	664
4	broken sand	668 40% brown sand 60% shale, ok bleeding
15	silty shale	683
1	oil sand	684 brown sand, good bleeding
6	silty shale	690
1	broken sand	691 30% brown sand 70% shale, light bleeding
3	silty shale	694
2	broken sand	696 40% brown sand 60% shale
		696 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 696'

Set 22.6' of 7" surface casing cemented with 4 sacks of cement

Set 512.95' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.
Baffle set 33.25' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
696		56
697	1	6
698		55
699		41
700		38
701		46
702		41
703		48
704		55
705		42
706		57
707		57
708		58
709		51
710		42
711		48
712		45
713		48
714	1	22
715		51



267982

TICKET NUMBER 47156
 LOCATION Ottawa KS
 FOREMAN Fred Madu

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5.5.14	4448	Jocckel # KR-35	SW 13	17	22	MI

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources Expl + Dev	712	Frc Mad		
	495	Har Bec		
	370	Jas Ric		
	583	Kei Cor		

CUSTOMER	STATE	ZIP CODE
Kansas Resources Expl + Dev	KS	66210

MAILING ADDRESS	CITY
9383 W 110th St	Overland Park

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 715' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 512.95 DRILL PIPE Baffle in TUBING 479.70 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 33' + Plug
 DISPLACEMENT 2.7988 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Rig ran casing to TB. Spot 30 sks cement @ TB. Rig pull 2 7/8 casing to 512.95 Mix + Pump 100# Gel Flush. 0 Mix + Pump 80 sks 50/50 Por Mix Cement 2% Gel 1/2" Phenol Seal /sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 500# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev Inc - Mitchell Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	25 mi	MILEAGE	495	105 ⁰⁰
5402	512.95	Casing footage		NIC
5407	minimum	Tax Miles	503	368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	370	200 ⁰⁰
1124	110 SKS	50/50 Por Mix Cement	1265 ⁰⁰	
118B	285 ⁰⁰	Premium Gel	627 ⁰⁰	
1107A	55#	Pheno Seal	741 ²⁵	
		Material	1401 ⁸⁵	
		less 30%	-420 ⁵⁹	
		Total	981 ³⁶	981 ³⁶
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			3298.96	
			7.65%	SALES TAX
				ESTIMATED TOTAL 2846

completed

Ravin 3737 OK'd by J. Green
 AUTHORIZATION Mo Co Rep on site 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