



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205719
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: _____

1205719

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)*

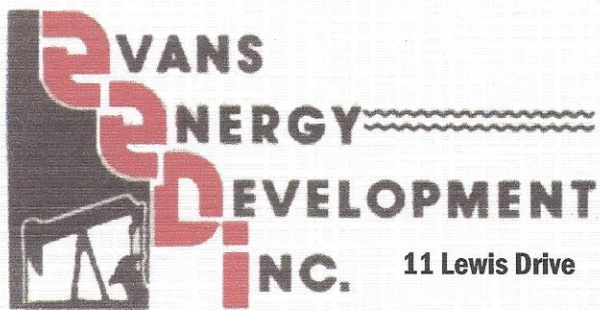
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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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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 #KRI-51

API # 15-121-30,341

May 6 - May 7, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
29	soil & clay	29
34	shale	63
7	lime	70
1	shale	71
15	lime	86
12	shale	98
5	lime	103
37	shale	140
15	lime	155
25	shale	180
12	lime	192
5	shale	197
5	lime	202
4	shale	206
13	lime	219
3	shale	222
16	lime	238 base of the Kansas City
144	shale	382
1	sand	383 light brown, minimal bleeding
3	limey sand	386 light bleeding
8	broken sand	394 80% light brown sand, 20% shale, ok bleeding
3	limey sand	397 light bleeding
6	broken sand	403 60% brown sand 40% shale, good bleeding
6	oil sand	409 hard brown sand, good bleeding
1	broken sand	410 10% brown sand 90% shale, light bleeding
8	shale	418
7	lime	425
6	lime	431 some porosity good bleeding
6	lime	437 light bleeding
26	shale	463
1	coal	464
6	shale	470
5	lime	475
16	shale	491
3	lime	494
16	shale	510
4	lime	514
19	shale	533
3	lime	536
22	shale	558
2	lime	560

7	shale	567
1	coal	568
17	shale	585
3	silty shale	588
2	broken sand	590 light brown sand & shale, light bleeding
5	sand	595 light brown sand no bleeding occasional light odor
6	sand	601 black & grey, no oil
21	sand	622 brown & grey, no oil
1	coal	623
13	shale	636
1	coal	637
1	shale	638
5	broken sand	643 60% brown sand 40% shale ok bleeding
1	lime/shale	644
9	silty shale	653
1	broken sand	654 40% brown sand 60% shale ok bleeding
3	silty shale	657
3	broken sand	660 50% brown sand 50% shale, good bleeding
12	oil sand	672 brown, good bleeding
6.5	shale	678.5
1.5	coal	680
59	shale	739 TD

Drilled a 9 7/8" hole to 33.4'

Drilled a 5 5/8" hole to 739'

Set 33.4' of 7" surface casing cemented with 6 sacks of cement

Set 728.5' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 32.10' from bottom of tally.

Core Times

<u>Minutes</u>	<u>Seconds</u>
660	41
661	48
662	35
663	32
664	32
665	33
666	38
667	43
668	49
669	39
670	46
671	45
672	41
673	42
674	49
675	44
676	46
677	36
678	28
679	32



CONSOLIDATED
Oil Well Services, LLC

268001

TICKET NUMBER 47180
LOCATION Oxtawa KS
FOREMAN Fred Mader

PO Box 784, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-7-14	4448	Joeckel KRI-51	SW 13	17	22	MI

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

CUSTOMER MAILING ADDRESS: 9393 W 110th St, Overland Park, KS 66210

JOB TYPE _____ HOLE SIZE _____ HOLE DEPTH 730' CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 728.50 DRILL PIPE Baffle in TUBING @ 696.4 OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32' + Plug

DISPLACEMENT 4.0588L 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 7/8 Gel 1/2" Pheno Seal/sks. 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. Show in casing.

Evans Energy Dev. Inc - Mitchell.

Fred Mader

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	728.50	Casing footage		N/C
5407	1/2 Minimum	100 Miles	503	184 ⁰⁰
55020	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	572 ⁰⁰	
1107A	46#	Pheno Seal	64 ⁸⁰	
		Material	1214 ⁵⁰	
		Loss 30%	- 364 ⁸⁵	
		total		852 ¹⁵
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.65%	2738.18
			SALES TAX	67.31
			ESTIMATED TOTAL	2365 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 fo