



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1206215
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: _____

1206215

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)*

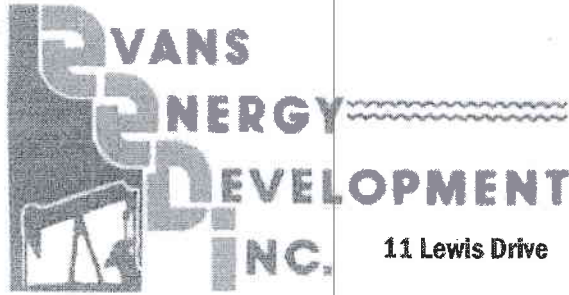
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

11 Lewis Drive Paola, KS 66071

Phone: 913-557-9083
Fax: 913-557-9084

WELL LOG

Vast Petroleum of Kansas LLC
Jewel J. Shikels #32
API #15-107-24,833
January 14 - January 15, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil & clay	3
13	lime	16
24	sandstone	40
15	shale	55
2	lime	57
51	shale	108
11	lime	119
4	shale	123
38	lime	161
7	shale	168
21	lime	189
6	shale	195
20	lime	215 base of the Kansas City
27	shale	242
21	sandstone	263 grey, no oil
127	shale	390
13	lime	403
13	shale	416
5	sand	421 green, no oil
34	shale	455
15	lime	470
7	shale	477
3	lime	480
27	shale	507
12	lime	519
12	shale	531
8	lime	539
21	shale	560
10	silty shale	570
1	broken sand	571 brown & grey no bleeding
2	broken sand	573 brown & grey light bleeding
1	broken sand	574 brown & grey no bleeding
2	silty shale	576
7	broken sand	583 brown & grey, ok bleeding
2	shale	585
2	broken sand	587 brown & grey light oil show
4	silty shale	591
1	broken sand	592 brown & grey light oil show

3	shale	595
13	broken sand	603 brown & grey, ok bleeding
12	silty shale	620
6	oil sand	626 brown ok bleeding
60	shale	686
1	coal	687
29	shale	716 TD

Drilled a 12 1/4" hole to 21.1'

Drilled a 5 5/8" hole to 716'

Set 21.1' of 8 5/8" threaded and coupled surface casing, cemented with 7 sacks cement.

Set 706.6' of 4 1/2" tubing including 6 centralizers, 1 float shoe, 1 baffel, 1 clamp.

15-107-24833-00-00



CONSOLIDATED
Oil Well Services, LLC

265390

TICKET NUMBER 42536

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
1-15-14	8553	Jewel Shilals # V-32	NE 25	20	21	LN
CUSTOMER			TRUCK #			
VAST Petroleum of KS LLC			712	Frc Mad		
MAILING ADDRESS			495	Har Bee		
10939 N Alpine Hwy			675	Kei Det		
CITY	STATE	ZIP CODE	510	Set Tue		
Highland	UT	84003				

JOB TYPE Longstridge HOLE SIZE 6-3/4 HOLE DEPTH 716 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 706 DRILL PIPE Baffle TUBING Casing @ 675 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug x 31'
 DISPLACEMENT 10.7 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate - Mix & Pump
100# Gel Flush. Pump 6 BBL. Test take dye. Follow w/ 100 SKS
50/50 Por Mix Cement 2% Gel 2% Calcium Chloride 1/2" Flo Seal/sk
Flush pump + lines clean. Displace 4 1/2" Rubber plug to baffle in
casing. Pressure to 600+ PSI. Release pressure to set
float valve. Shut in casing.

Evans Energy Dev. Inc. Travis.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	35mi	MILEAGE	495	147 ⁰⁰
5402	706'	Casing footage		N/C
5407	Minimum	Ten Miles	510	368 ⁰⁰
5502C	2 hrs	90 BBL Vac Truck	675	180 ⁰⁰
1124	100 SKS	50/50 Por Mix Cement		1150 ⁰⁰
1118B	268#	Premium Gel		589 ⁶
1102	168#	Calcium Chloride		131 ⁰⁴
1107	25#	Flo Seal		61 ⁷⁵
4404	1	4 1/2" Rubber Plug		47 ²⁵
			6.15%	SALES TAX
				89 ¹³
				ESTIMATED TOTAL
				3318 ¹³

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

[Signature]

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.