



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1206454
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: _____

1206454

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)*

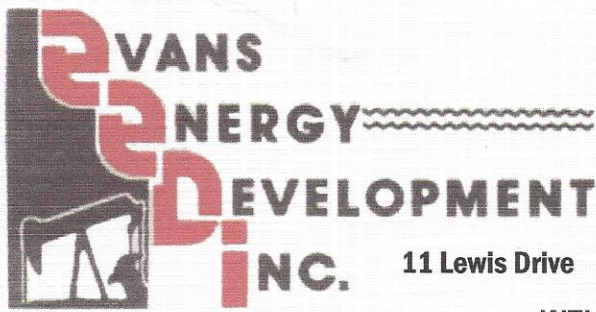
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 #KRI-44

API # 15-121-30,338

May 8 - May 12, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
27	soil & clay	27
45	shale	72
23	lime	95
11	shale	106
5	lime	111
36	shale	147
14	lime	161
12	shale	173
18	lime	191
4	shale	195
3	lime	198
6	shale	204
24	lime	228
2	shale	230
4	lime	234
6	shale	240
6	lime	246 base of the Kansas City
149	shale	395
7	broken sand	402 light brown & shale hard, light bleeding
3	limey sand	405
4	broken sand	409 60% sand 40% shale, good bleeding
2	limey sand	411 no oil
5	oil sand	416 brown, good bleeding, good saturation
1	lime	417 no oil
12	shale	429
4	lime	433
9	lime	442 some porosity, good bleeding
5	lime	447 no oil
22	shale	469
2	coal	471
6	shale	477
6	lime	483
17	shale	500
2	lime	502
14	shale	516
3	lime	519
28	shale	547
8	lime	555
11	shale	566
1	lime	567
1	shale	568

1	coal	569
21	shale	590
3	broken sand	593 brown sand & shale, light bleeding
22	broken sand	615 brown & grey, no show
14	sand	629 light brown sand, no show, makes water
1	coal	630
15	shale	645
4	broken sand	649 40% sand 60% shale, light bleeding
10	silty shale	659
5	broken sand	664 50% brown sand 50% shale ok bleeding
14	oil sand	678 brown, very good bleeding
3	lime/sand/shale	681 light oil show
4	shale	685
1	coal	686
91	shale	777 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 777'

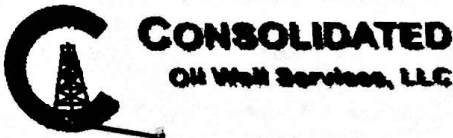
Set 22' of 7" surface casing cemented with 5 sacks of cement

Set 766.95' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 32.85' from bottom of tally.

Core Times

<u>Minutes</u>	<u>Seconds</u>
665	40
666	39
667	32
668	35
669	32
670	34
671	33
672	38
673	42
674	41
675	43
676	36
677	47
678	25
679	38
680	32
681	41
682	40
683	41



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

268104

TICKET NUMBER 47150
LOCATION Ottawa
FOREMAN Alan Maden

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-12-14	4448	Joeckel KR7-44	Sw 13	17	22	Mi
CUSTOMER <u>Kansas Resources ETD</u>			TRUCK #			
MAILING ADDRESS <u>9393 W 110th</u>			DRIVER			
CITY <u>Overland Park</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66210</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 777 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 766.95 DRILL PIPE _____ TUBING _____ OTHER 734.10 BF
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 4.27 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 100 sk 50150 cement plus 290 gal and 1/2# Pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Erans, Mitchell

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	25	MILEAGE	368	105.00
5402	766.95	casing footage	368	—
5407	1/2 mi	ton miles	510	184.00
5502C	1 1/2	80 vac	370	150.00
1124	100	50150 cement	1150.00	✓
1118B	268#	gel	58.96	✓
1107A	50#	Pheno seal	67.50	✓
		material sub	1276.46	
		less 30%	-382.94	✓
		material total	893.52	
44102	1	2 1/2 plug	27.50	
			2929.87	
			SALES TAX	70.62
			ESTIMATED TOTAL	2517.64

completed

Ravin 3737

NO COMPANY REP

AUTHORIZATION J.M Okid 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.