



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207186
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: _____

1207186

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)*

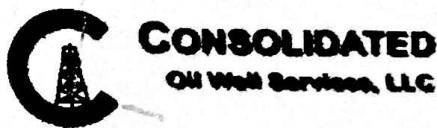
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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268099

TICKET NUMBER 47182
 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
5-8-14	4448	Harbison # NRI-25	NE 6	17	22	MI

CUSTOMER
Kansas Resources Expl & Dev
 MAILING ADDRESS
9393 W 110th St
 CITY Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Frc Mad		
495	Har Bar		
675	Mi Dex		
503	Xei Car		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 781 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 770.45 DRILL PIPE Baffle in TUBING @ 737.60 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 33' + Ply
 DISPLACEMENT 4.2938 DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 PPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump
100# Gel Flush. Mix Pump 110 sks 50/50 Poz Mix Cement
270 Gel 1/2" Pheno Seal/sk. 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. Shut in Casing.

Utah Drilling - Waylon Johns

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	84 ⁰⁰
5402	770.45	Casing footage		N/C
5407	Minimum	Per Miles	503	360 ⁰⁰
5500C	2 hrs	80 B36 Vac Truck	675	200 ⁰⁰
1124	110 sks	50/50 Poz Mix Cement	1265 ⁰⁰	
111EB	285 [#]	Premium Gel	62 ⁷⁰	
1107A	55 [#]	Pheno Seal	74 ²⁵	
		Material	1401 ⁹⁵	
		Less 30%	-420 ⁵⁷	
		Total Material		981 ³⁶
4402	1	2 1/2" Rubber plug		29 ⁵⁰
			3277.96	
			7.65%	77 ³³
				2825 ¹⁹

completed

Ravn 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.

LEASE NAME: Harbison OPERATOR: Utah O.I.
 WELL # KH2-25 LOCATION: Miami
 SURFACE PIPE: 7" Fl 20' Cement(=bags) 5
 PRODUCTION: 20' / gal PIPE: 2 3/8 SIZE: 770.45 = FT

START DATE: 5/7/14
 APL: 15-121-24927

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
							355
6	Soil/Clay		6	6	Lime		380
21	Lime		27	25	Shale		381
2	Shale		29	1	Lime	KC	390
2	Lime		31	9	Shale		395
10	Shale		41	5	Sand	No O.I Show	465
6	Sand	No O.I Show	47	70	Shale		477
10	Shale		57	8	Sand	No O.I Show	495
16	Lime		73	22	Shale		513
20	Shale		93	18	Lime		521
5	Sand	No O.I Show	98	8	Shale		532
68	Shale		166	11	Lime		335
2	Lime		168	3	Shale		537
1	Shale		169	2	Lime		563
15	Lime		184	26	Shale		569
10	Shale		194	6	Lime		584
3	Sand	No O.I Show	197	15	Shale		587
4	Lime		201	3	Lime		590
12	Shale		213	3	Shale		592
4	Lime		217	2	Lime		597
35	Shale		252	5	Shale		599
11	Lime		263	2	Lime		603
1	Shale		264	4	Shale		609
2	Lime		266	6	Lime		617
15	Shale		281	8	Shale		622
23	Lime		304	5	Lime		623
1	Shale		305	1	Shale		624
2	Lime		307	1	Lime		629
8	Shale		315	5	Shale		630
2	Coal		317	1	Coal		636
20	Lime		337	6	Shale		637
4	Shale		341	1	Lime		655
1	Lime		342	18	Shale		656
1	Shale		343	1	Shale	Broken Oil Sand	657
4	Lime		347	1	Sand	Good Bleed Point	
2	Shale		349				

