



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207187
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: _____

1207187

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: 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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LEASE NAME: Harbison OPERATOR: KRED
 WELL: KR39 LOCATION: Miami
 SURFACE PIPE: 7" Fl 22'8 Cement (#bags): 5
 PRODUCTION: PIPE: SIZE: =FI 79095

START DATE: 7 May 14
 API: 15-121-29899-00-00

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
6	Soil		6	10	Shale		488
6	Broken Lime		12	2	Sand	Little Smell	490
2	coal		14	8	Shale		498
4	Shale		18	1	Coal		499
9	Lime		27	39	Shale		538
13	shale		40	7	Lime		545
21	Lime		61	5	Shale		550
1	Shale		62	3	Lime		553
6	Lime		68	23	Shale		576
2	Shale		70	1	coal		577
1	Lime		71	4	Lime		581
1	Shale		72	4	Shale		585
3	Lime		75	1	Lime		586
1	Shale		76	12	Shale		598
14	Lime		90	2	Lime		600
90	Shale		180	14	Shale		614
18	Lime		198	1	Coal		615
26	Shale		224	1	Lime		626
2	Red Bed		226	2	Shale		618
4	Shale		230	1	Lime		619
4	Lime		234	5	Shale		624
35	Shale		269	1	Lime		625
15	Lime		284	3	Shale		628
14	Shale		298	1	Lime		629
26	Lime		324	5	Shale		634
6	Shale		330	1	Lime		635
2	Lime		332	1	Red Bed		636
2	Shale		334	3	Lime		639
19	Lime		353	10	Shale		649
5	Shale		358	1	Coal		650
3	Lime		361	18	Shale		668
4	Shale		365	3	Broken Sand	No Bleed	671
6	Lime		371	1	oil Sand	good bleed X	672
25	Shale		476	8	oil Sand		680
2	Lime		478	1	Lime		681



CONSOLIDATED
Oil Well Services, LLC

268101

TICKET NUMBER 47143
LOCATION Ottawa
FOREMAN Alan Mader

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
5-9-14	4448	Harbison KR-39	NE 6	17	20	M:

CUSTOMER
Kansas Resources E+D

MAILING ADDRESS
9393 W 110th

CITY
Overland Park

STATE
KS

ZIP CODE
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mader	Safety	Meat
368	Armed		
369	Mik Hag		
548	Gas Ken		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 802 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 790.95 DRILL PIPE _____ TUBING _____ OTHER 67 759.95

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT 4.42 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 102 sk 50150 cement plus 2 1/2 gal & 1/2 phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to battle. Well held 800 PSI. Set float.

Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5421	1	PUMP CHARGE	368	1080.00
5426	20	MILEAGE	368	840.00
5422	790.95	Casing footage	368	-
5427	1/2 min	ton miles	548	184.00
5502L	2	80 vac	369	200.00
1124	102	50150 cement	1173.00	1173.00
118B	271#	gel	59.62	16167.14
H07A	51#	Pheno seal	68.85	3511.15
		Material sub	1301.47	1301.47
		less 30%	-390.44	911.03
		material total		29.00
4402	1	2 1/2 plug		
			2985.79	
			SALES TAX	71.95
			ESTIMATED TOTAL	2565.48

completed

NO company rep

AUTHORIZATION Jim OK'd 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