

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207189
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

| | | | |
|---|------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG | | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | | |
| <input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____ | | | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

| | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |
| <input type="checkbox"/> Commingled | | Permit #: _____ | |
| <input type="checkbox"/> Dual Completion | | Permit #: _____ | |
| <input type="checkbox"/> SWD | | Permit #: _____ | |
| <input type="checkbox"/> ENHR | | Permit #: _____ | |
| <input type="checkbox"/> GSW | | Permit #: _____ | |

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

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: _____



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 (Attach Additional Sheets) | <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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | |
| | | | | |
| | | | | |

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 (Amount and Kind of Material Used) | Depth |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

| | | | | | | | |
|---|-----------|---|-------------|---------------|--|---------|--|
| 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 (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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | | | | PRODUCTION INTERVAL: <hr/> <hr/> | |
|---|--|--|--|--|---|--|



CONSOLIDATED ON WHEEL SERVICES, LLC

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

268005

TICKET NUMBER 47162
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--------|------------|--------------------|---------|----------|-------|--------|
| 5-7-14 | 1448 | Harrison #KR-48 | 15 | 6 | 22 | M |

CUSTOMER Kansas Resources Expl. De.
MAILING ADDRESS

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|---------|---------|--------|
| 712 | Fre Mad | | |
| 495 | HarBac | | |
| 370 | Tas Ric | | |
| 503 | Ki Car | | |

| | | | | | | | |
|---------------|-----------|------------------|-------|--------------|------|-----------------------|-------------|
| JOB TYPE | Longstray | HOLE SIZE | 5 1/8 | HOLE DEPTH | 790' | CASING SIZE & WEIGHT | 2 7/8 EUE |
| CASING DEPTH | 777.70 | DRILL PIPE | 2 1/2 | TUBING | | OTHER | |
| SLURRY WEIGHT | | SLURRY VOL | | WATER gal/sk | | CEMENT LEFT in CASING | 2 1/2" Plug |
| DISPLACEMENT | 4.52 BBL | DISPLACEMENT PSI | | MIX PSI | | RATE | 58 BPM |

REMARKS: Hold crew Safety meeting. Establish Circulation. Mix Pump 100# Gel flush. Mix + Pump 111 Qts 50/50 Por. Mix Cement to Gel 1/2# Phenosol/5L. Cement to Surface. Flush pump + lines clear. Displace 2-1/2" Rubber plugs to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Utah Drilling. Ron Howard.

John M. C.

Kevin 3737

AUTHORIZATION Dray

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: KRED
 WELL #: KR48 LOCATION: Miami
 SURFACE PIPE: 97' Ft 03' 8 Cement(=bags) 5
 PRODUCTION: PIPE: USED SIZE: 27/8 = FT 777.70

START DATE: 5 May 14
 API #

| Thickness | Formation | Comment | Depth | Thickness | Formation | Comment | Depth |
|-----------|-----------|---------|-------|-----------|--------------------------|--------------|-------|
| 11 | Soil | | 11 | 1 | Red Bed | | 380 |
| 10 | Lime | | 21 | 10 | Shale | | 490 |
| 2 | Coal | | 23 | 2 | Broken Sand | Little Smell | 492 |
| 3 | Shale | | 26 | 25 | Shale | | 517 |
| 10 | Lime | | 36 | 1 | Lime | | 518 |
| 13 | Shale | | 49 | 20 | Shale | | 538 |
| 1 | Lime | | 50 | 2 | Lime | | 540 |
| 1 | Shale | | 51 | 6 | Shale | | 546 |
| 18 | Lime | | 69 | 8 | Lime | | 554 |
| 2 | Shale | | 71 | 4 | Shale | | 558 |
| 4 | Lime | | 75 | 2 | Lime | | 560 |
| 3 | Shale | | 78 | 24 | Shale | | 584 |
| 18 | Lime | | 96 | 9 | Lime | soft | 593 |
| 26 | Shale | | 122 | 15 | Shale | | 608 |
| 1 | Lime | | 123 | 3 | Lime | | 611 |
| 63 | Shale | | 186 | 2 | Coal | | 613 |
| 1 | Lime | | 187 | 4 | Shale | | 617 |
| 1 | Shale | | 188 | 3 | Lime | | 620 |
| 15 | Lime | | 203 | 4 | Shale | | 624 |
| 25 | Shale | | 208 | 2 | Lime | | 626 |
| 2 | Red Bed | | 230 | 2 | Shale | | 628 |
| 6 | Shale | | 236 | 4 | Lime | | 632 |
| 5 | Lime | | 241 | 2 | Shale | | 634 |
| 34 | Shale | | 275 | 2 | Lime | | 636 |
| 15 | Lime | | 290 | 1 | Red Bed | | 637 |
| 15 | Shale | | 305 | 6 | Shale | | 643 |
| 11 | Lime | | 316 | 2 | Lime | | 646 |
| 2 | Shale | | 318 | 1 | Shale | | 647 |
| 14 | Lime | | 332 | 3 | Lime | | 650 |
| 2 | Coal | | 334 | 2 | Coal | | 652 |
| 4 | Shale | | 338 | 3 | Lime | | 655 |
| 22 | Lime | | 360 | 5 | Shale | | 660 |
| 5 | Shale | | 365 | 4 | Lime | | 664 |
| 13 | Lime | KC Base | 378 | 12 | Shale | | 676 |
| 1 | Coal | | 379 | 3 | Broken Sand & Little Bed | Core Point | 681 |

LEASE NAME

OPERATOR

START DATE

WELL #

LOCATION:

API #

SURFACE PIPE:

Ft

Cement (#bags)

PRODUCTION:

PIPE:

SIZE:

=FT

| Thickness | Formation | Comment | Depth | Thickness | Formation | Comment |
|-----------|-----------|-------------|-------|-----------|-----------|---------|
| 3 | oil Sand | | 684 | | | |
| 2 | Lime | | 686 | | | |
| 2 | oil Sand | | 688 | | | |
| 1 | Broken | | 689 | | | |
| 3 | oil Sand | | 692 | | | |
| 1 | Broken | | 693 | | | |
| 6 | oil Sand | | 699 | | | |
| 21 | oil Sand | Heavy Bleed | 720 | | | |
| 10 | Shale | | 730 | | | |
| 4 | Lime | Soft | 734 | | | |
| 20 | Shale | | 754 | | | |
| 4 | Lime | Soft | 758 | | | |
| 32 | Shale | TD | 792 | | | |

* 699-722 was Chipped *

* 1 core *

No Baffle
Ronnie