



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207457
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: _____

1207457

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)*

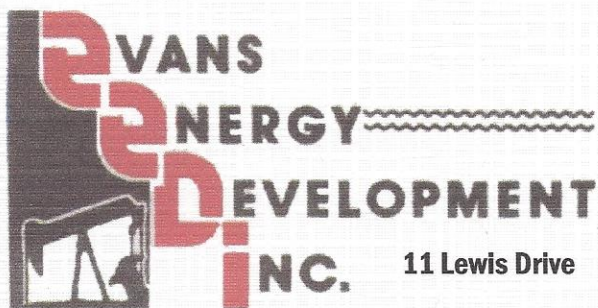
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <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

SCZ Resources, LLC

Cannon #SCZ-58

API #15-001-30,952

April 16 - April 17, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
32	lime	36
30	shale	66
21	lime	87
23	shale	110
57	lime	167
6	shale	173
40	lime	213
4	shale	217
28	lime	245
3	shale	248
19	lime	267 base of the Kansas City
163	shale	430
10	lime	440
6	shale	446
4	broken sand	450 brown & green, light bleeding
9	silty shale	459
12	shale	471
2	lime	473
15	shale	488
21	sand	509 grey, no oil
18	shale	527
1	coal	528
3	shale	531
12	lime	543 brown
4	shale	547
6	lime	553
35	shale	588
15	lime	603 oil show
9	shale	612
3	lime	615
75	shale	690
3	lime	693
44	shale	737
1	coal	738
19	shale	757
2	broken sand	759 brown & green, oil odor
6	shale	765

4	oil sand	769	brown, good bleeding
3	broken sand	772	brown & grey, good bleeding
35	shale	807	
1	broken sand	808	brown & green, light oil show
1	silty shale	809	
1	broken sand	810	brown & grey, light oil show
14	silty shale	824	
2	broken sand	826	brown & grey, good bleeding
2	oil sand	828	brown, good bleeding
3	broken sand	831	brown & grey, ok bleeding
1	coal	832	
29	shale	861	
3	broken sand	864	brown & green, light oil show
2	broken sand	866	brown & grey, good bleeding
4	oil sand	870	brown, good bleeding
2	broken sand	872	brown & grey, good bleeding
2	oil sand	874	brown, good bleeding
46	sand	920	brown, no oil
		920	TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 920'

Set 22.6' of 7" surface casing, cemented with 5 sacks cement.

Set 915.8' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

267542

TICKET NUMBER 47060

LOCATION Ottawa KS

FOREMAN Fred 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
4-18-14	7752	Cannon #SCZ #58	SE 22	26	18	AL

CUSTOMER SCZ Resources LLC		
MAILING ADDRESS 8614 Cedarspur Dr		
CITY Houston	STATE TX	ZIP CODE 77055

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bec		
675	Kai Dat		
548	Mik Haa		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 915.80 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.32 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix & Pump 100* Gel
Flush. Mix & Pump 130 sks 50/50 Poz Mix Cement 2% Gel. Cement
to surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug
to casing TD. Pressure to 800* PSI. Release pressure to set &
Float Valve. Shut in casing.

Evans Energy Dev. Inc. Travis

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	6.5 mi	MILEAGE	495	273 ⁰⁰
5402	915.80	Casing footage		N/C
5407A	363.35	Ton Miles	548	512 ³³
5502C	2 1/2 hrs	80 BBL Vac Truck	675	250 ⁰⁰
7124	130 SKS	50/50 Poz Mix Cement	1495 ⁰⁰	
1118B	319*	Premium Gel	70 LB	
		Material	1565 LB	
		Less 30%	-469 ⁵⁰	
		Total Material		1095 ⁵⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
				3833.00
			7.40	SALES TAX 83 ²⁵

AVIN 3737
 AUTHORIZATION OK'd by J. Green TITLE _____ DATE _____
No Co. Repon Site
 ESTIMATED TOTAL 3328.70

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