



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207514
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: _____

1207514

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> _____	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1155**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
3-26-14	1049	GARTNER 12-F					MG	Ks
Customer				Safety Meeting	Unit #	Driver	Unit #	Driver
LB Energy, Inc.				KM	102	CHRIS B		
Mailing Address				CB	110	SHANNON F.		
5602 CR 2700				SF	141	Rudy M.		
City	State	Zip Code		LM				
ELK CITY	Ks	67344						

Job Type Longstring Hole Depth 1011 Slurry Vol. 36 BBL Tubing _____
 Casing Depth 1004' Hole Size 6-3/4 Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 16.5 BBL Displacement PSI 500 Bump Plug to 1000 PSI BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2 casing. BREAK CIRCULATIONS w/ 20 BBL Fresh water. Pump 10 SKS (500#) Gel Flush, 10 BBL water spacer, MIXED 110 SKS THICK Set Cement w/ 5" KOI-SEAL /SK, 1" PhenoSEAL /SK @ 13.7#/gal, yield 1.85 = 36 BBL Slurry. wash out Pump & Lines. Shut down. Release Plug. Displace Plug to SEAT w/ 16.5 BBL Fresh water. FINAL Pumping Pressure 500 PSI. Bump Plug to 1000 PSI. wait 2 minutes. Release Pressure. FLOAT Held. Good Cement Returns to SURFACE = 6 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	50	Mileage 1 ST well of 4	3.95	197.50
C 201	110 SKS	THICK Set Cement	19.50	2145.00
C 207	550#	KOI-SEAL 5"/SK	.45 #	247.50
C 208	110 #	Pheno Seal 1"/SK	1.25 #	137.50
C 206	500	Gel Flush	.20 #	100.00
C 108 B	6.05 TONS	Ton Mileage 50 miles	1.35	408.38
C 113	3 Hrs	80 BBL VAC TRUCK	85.00	255.00
C 224	3000 gals	City water	10.00/1000	30.00
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
<u>THANK You</u>			Sub TOTAL	4615.88
<u>M</u>			Sales Tax	166.36
Authorization <u>Called By Mike Taylor</u> Title _____			Total	4782.24

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	3/11/2014
Date Completed	3/12/2014

Operator	A.P.I #	County	State
L R Energy, Inc.	15 125 32399 00 00	Montgomery	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
12F-30	Gartner	30	32	14

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Billy Thornton	4	21'4" 8 5/8	1011	6 3/4

Formation Record

0-3	MUD	788-799	LIME		
3-20	CLAY	799-806	BLACK SHALE		
20-81	SHALE	806-812	SHALE		
81-91	LIME	812-822	LIME		
91-159	SHALE	822-835	SANDY SHALE/ LT ODOR		
159-164	LIME	835-846	SAND/ GOOD ODOR & SHOW		
164-172	SANDY SHALE	846-852	DK GRAY SAND/ GOOD ODOR		
172-200	SAND / DAMP	852-866	LT SAND/ LT ODOR		
211	WENT TO WATER	866-870	LMNT SANDY SHALE		
200-280	SHALE	870-874	GRAY SAND / GOOD ODOR		
280-314	LMY SHALE	874-877	SANDY SHALE		
314-320	LIME	877-879	SAND / LT ODOR		
320-388	SHALE	879-880	SANDY SHALE		
388-398	LIME	880-890	GRAY SAND / ODOR		
398-413	SANDY SHALE	890-900	SAND / OIL SHOW		
413-436	SHALE	900-918	SANDY SHALE		
436-482	SAND	918-939	SHALE		
482-539	LIME	939-941	BLACK SHALE		
539-548	SHALE	941-962	LIME (PAWNEE)		
548-560	SAND	962-973	SHALE		
560-600	SANDY SHALE	973-975	LIME		
600-637	SHALE	975-1011	SHALE		
637-642	LIME	1011	TD		
642-714	SHALE				
714-718	BLACK SHALE				
718-723	LIME				
723-733	SHALE				
733-743	LIME				
743-760	SAND				
760-788	SHALE				