



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207641
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: _____

1207641

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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 45843
LOCATION Eureka, KS
FOREMAN David Gardner

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-125-32398

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-20-14		Allen #24	7	345	14E	Montgomery
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Raven Company			445	Chris B.		
MAILING ADDRESS			611	Joey K.		
P.O. Box 6691			452-T103	Jim M.		
CITY	STATE	ZIP CODE				
Granbury	TX	76049				

JOB TYPE Longstring 0 HOLE SIZE 6 3/4" HOLE DEPTH 787' CASING SIZE & WEIGHT 4 1/2" 10.5 #
 CASING DEPTH 781' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6-13.8 SLURRY VOL 28 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 12.5 Bbl DISPLACEMENT PSI 400 MIX PSI 900 RATE 5 BPM

REMARKS: Safety Meeting. Rig up to 4 1/2" casing. Break circulation w/ 12" Red Fresh water. Mixed 400# Gel Flush w/ Halls, 5 Bbl water spacer. Mixed 90 sks Thickset Cement w/ 5" Kol-seal/sk & 1" Phenoseal/sk. Shut down washout pump & lines. Displace w/ 12.5 Bbl Fresh water. Final pumping pressure of 400 PSI. Bumped plug to 900 PSI. Plug & Float didn't hold completely. (Slowly losing pressure). Shut well in. Good circulation @ all times. 6 Bbl Cement slurry to pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	4.20	168.00
1126A	90 SKS	Thickset Cement	20.16	1814.40
1110A	450#	Kol-seal @ 5#/SK	.46	207.00
1107A	90#	Phenoseal @ 1#/SK	1.35	121.50
5407	4.95 Tons	Ton Mileage Bulk Truck	M/C	368.00
1118B	400#	Gel Flush	.22	88.00
1105	45#	Cottonseed Halls	.46	20.70
4404	7	4 1/2" Top Rubber Plug	47.25	47.25
1103	5500 Gals.	City Water	17.30/1000	95.15
5501C	4 HRS.	Water Transport	120.00	480.00
			Subtotal	4495.00
			6.15 % SALES TAX	147.23
			ESTIMATED TOTAL	4642.23

Ravin 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



PO Box 542
Winfield, KS 67156

Estimate

Date	Estimate #
3/20/2014	154

Name / Address
The Raven Company PO Box 6691 Granbury, TX 76049

Lease/Well Name

Description	Qty	Rate	Total
UN1789, Hydrochloric acid solution, 8, PG II	500	1.95	975.00
Chemicals, NOS, PG III, (Not Regulated), Frac Sand - 20/40	11,600	0.28	3,248.00
Chemicals, NOS, PG III, (Not Regulated), Frac Sand - 12/20	400	0.47	188.00
Chemical, NOS, PGIII, (Not Regulated), Frac Gel with Breaker	250	15.90	3,975.00
Ball Injector Charge		125.00	125.00
Perf Balls	20	2.00	40.00
Frac Truck Charge over 3000#		675.00	675.00
Miles One Way	30	3.00	90.00
Frac Truck Charge over 3000#		675.00	675.00
Miles One Way	30	3.00	90.00
Sand Truck & Trailer - #705		475.00	475.00
Miles One Way	30	3.00	90.00
Water trucks & water		1,120.00	1,120.00
Subtotal			11,766.00
15% NE-FE Acid			
Subtotal			\$11,766.00
Sales Tax (6.15%)			\$0.00
Total			\$11,766.00