



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208261
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: _____

1208261

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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Operator License # 31295
 Operator Prairie Oil, LLC
 Address 108 Broadmoor Drive
 City Louisburg, KS 66053
 Contractor Prairie Oil, LLC
 Contractor License # 31295
 T.D. 640
 T.D. of pipe 633
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30180-00-00
 Lease Name LW
 Well # P-17
 Spud Date 4/13/2014
 Cement Date 4/21/2014
 Location Sec 4 T 18 R 22
 495 feet from N line
 1485 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
10	clay	2	12	
36	shale	12	48	
15	lime	48	63	
11	shale	63	74	
27	lime	74	101	
8	black shale	101	109	
20	lime	109	129	
5	coal	129	134	
12	lime	134	146	
168	shale	146	314	
8	lime	314	322	
52	shale	322	374	
7	lime	374	381	
13	shale	381	394	
2	lime	394	396	
18	black shale	396	414	
8	lime	414	422	
21	shale	422	443	
2	lime	443	445	
8	coal	445	453	
8	lime	453	461	
43	shale	461	504	
24	black shale	504	528	
4	sandy	528	532	
30	shale	532	562	
1	lime	562	563	
12	shale	563	575	
3	oil sand	575	578	ok
5	oil sand	578	583	good
4	oil sand	583	587	v-good
4	oil sand	587	591	v-good
3	oil sand	591	594	v-good
37	black shale	594	631	

9

shale

631

640



CONSOLIDATED
Oil Well Services, LLC

267602

TICKET NUMBER 47079

LOCATION Ottawa

FOREMAN Alan Madec

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
4-21-14	4015	W. Wilson P-17	NE 4	18	22	Mi

CUSTOMER
JTC O:1

MAILING ADDRESS
35688 Plum Creek

CITY
Oswatomie

STATE
Ks

ZIP CODE
66064

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>730</u>	<u>Ala Madec</u>	<u>Safety</u>	<u>Meet</u>
<u>368</u>	<u>Dr Mad</u>		
<u>675</u>	<u>Kei Det</u>		
<u>548</u>	<u>Niklas</u>		

JOB TYPE logs string HOLE SIZE 5 7/8 HOLE DEPTH 640 CASING SIZE & WEIGHT 2 3/8

CASING DEPTH 633 DRILL PIPE _____ TUBING _____ OTHER _____

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

DISPLACEMENT 5.7 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Hold meeting. Established rate. Mixed & pumped 100# gel followed by 77 sk DWL plus 19# Flo seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

JTC Drilling

Alan Madec

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>368</u>	<u>1085.00</u>
<u>5406</u>	<u>---</u>	<u>MILEAGE</u>	<u>368</u>	<u>---</u>
<u>5402</u>	<u>633</u>	<u>casing footage</u>	<u>368</u>	<u>---</u>
<u>5407A</u>	<u>100.1</u>	<u>ton miles</u>	<u>548</u>	<u>141.14</u>
<u>5502L</u>	<u>1 1/4</u>	<u>80 gal</u>	<u>675</u>	<u>125.00</u>
<u>1126</u>	<u>77</u>	<u>DWL</u>	<u>1520.75</u>	<u>✓</u>
<u>118B</u>	<u>100#</u>	<u>gel</u>	<u>22.00</u>	<u>✓</u>
<u>1107</u>	<u>19#</u>	<u>Flo seal</u>	<u>41.93</u>	<u>✓</u>
		<u>Material Sub</u>	<u>1611.68</u>	
		<u>less 30% -</u>	<u>476.90</u>	<u>✓</u>
		<u>material total</u>	<u>1112.78</u>	
<u>4402</u>	<u>1</u>	<u>2 1/2 plug</u>	<u>29.50</u>	<u>✓</u>
		<input checked="" type="checkbox"/> completed	<u>3094.19</u>	<u>✓</u>
		SALES TAX		<u>87.39</u>
		ESTIMATED TOTAL		<u>2580.81</u>

Ravin 3737

AUTHORIZATION J.C.

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.