



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208411
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: _____



1208411

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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D/A

Lone Jack Oil Company

Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: Tyson Operator: People's Oil LLC API # 15-107-24862-00-00

Contractor: Lone Jack Oil Company Date Started: 1/10/14 Date Completed: 1/15/14

Total Depth: 622 feet Well # 5 Hole Size: 5 5/8

Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5

Depth of Seat Nipple: _____ Rag Packer At: _____

Length and Size of Casing: _____ Sacks of Cement: 60

Legal Description: NE SE NE SW Sec: 20 Twp: 20S Range: 22E County: Linn

Thickness	Depth	Type of Formation	Thickness	Depth	Type of Formation
1	1	Top Soil	4	608	Shale
1	2	Lime	14	622	Sand & Shale
3	5	Clay		622	TD
8	13	Shale	Core Thickness	Depth	Time
2	15	Lime	1	587-588	4:45 Shale
23	38	Shale	2	588-589	7:29 Shale
2	40	Lime	3	589-590	6:30 Shale
51	91	Shale	4	590-591	6:41 Shale
9	100	Lime	5	591-592	6:31 Shale
5	106	Shale	6	592-593	5:54 Shale
36	142	Lime	7	593-594	3:36 Shale
9	151	Shale	8	594-595	8:14 Shale
3	154	Lime	9	595-596	2:41 Shale
7	161	Shale	10	596-597	2:33 Shale
14	175	Lime	11	597-598	3:00 Shale
4	179	Shale	12	598-599	5:00 Shale
3	182	Lime	13	599-600	5:05 Shale
3	185	Shale	14	600-601	5:09 Shale
6	191	Lime	15	601-602	7:18 Shale
168	359	Shale	16	602-603	8:00 Shale
3	362	Lime	17	603-604	5:10 Shale
12	374	Shale			
12	386	Lime			
56	442	Shale	<p style="text-align: center;">Dry Hole Plugged 10 sacks at TD 10 sacks at 350 feet 40 sacks 200 feet to surface</p>		
8	450	Lime			
6	456	Shale			
2	458	Lime			
9	467	Shale			
3	470	Lime			
31	501	Shale			
8	509	Lime			
15	524	Shale			
2	526	Lime			
36	562	Shale			
8	570	Sandy Shale (Slight Odor)			
15	585	Oil Sand (No Oil)			
2	587	Oil Sand (Fail Bleed)			
17	604	Ran Core			

Tha

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

A 6367⁹⁴

Invoice

Date	Invoice #
1/19/2014	1674

Bill To
Peoples Oil LLC 928 W 4th Street Ottawa, KS 66067

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Tyson #5		
1	1/15/14, Well #5, ran 1 inch in well, pumped 50 ft. plug at TD (622 feet 10 sacks), pulled up to 350 feet, pumped 10 sacks, pulled up to 200 feet and pumped 40 sacks to surface.	300.00	300.00T
1	Water Truck	100.00	100.00T
1	Pulling Unit	85.00	85.00T
	Sales Tax	6.15%	29.83

Thank you for your business.

Total **\$514.83**