



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208427
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: _____

1208427

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road. Contractor has own power. Due to delivery at owner's or intermediary's direction, under no circumstances shall liability for damages in any manner to sidewalks, roadways, driveways, curbs, gutters, manholes, etc., which are at customer's risk. The maximum allowed time for unloading is 30 minutes per yard. A water content test for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.
NOTICE TO OWNER
Payless Concrete Products, Inc. contractor to pay those persons supplying material or services to complete this job. This can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SALE TO:
CASH CUSTOMER

DELIV/25
ANDY DANIELLA
169 N TO 1750 E 6.5 MI TO
WILSON N 2 MI TO 1900 E 4.5
TO DEVLIN RD N 1 1/2 MI E SD

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% LRL	BATCH#	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
11:54:23a	WELL	6.50 yd	6.50 yd	0.00		US 35	0.00	LINCD
DATE		LOAD #	YARDS DEL.			WATER TRIM	SUMP	TICKET NUMBER
12-16-13			16.00 yd			G/yd 0.0	4.00 in	35837

WARNING

IRRITATING TO THE SKIN AND EYES
Contains Petroleum Cement, Wear Rubber boots and gloves. PROLONGED CONTACT MAY CAUSE BURNS. AVOID CONTACT WITH EYES and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST BE TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 2% per annum.

Not Responsible for Reseive, Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Losses of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/Hr.

QUANTITY CODE DESCRIPTION

6.50 WELL
1.00 WC
6.50 MIXHAUL
3.00 TRUCKING

WELL (10 SACKS PER UNIT)
WINTER CHARGE
MIXING & HAULING
TRUCKING CHARGE

Property Delivered to Andy Danella

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
Dear Customer: The driver of this truck in presenting this RELEASE to you, hereby certifies to the best of his knowledge and belief that the driver is of the opinion that the size and weight of his truck may possibly be in excess of the permits and/or adjacent property if it places the material on the premises and/or adjacent property. It is requested that you sign this RELEASE, indicating our wish to help you in every way that we can. If you do not sign this driver is requesting that you sign this RELEASE, indicating that you do not agree to help him remove mud from the wheels of his vehicle so that the mud will not be a public street hazard. Further, as additional consideration, the undersigned hereby agrees to indemnify and hold harmless the driver of this truck and his successors, assigns and all damages to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By
GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

UNIT PRICE EXTENDED PRICE

6.50 55.00 357.50
1.00 25.00 25.00
6.50 25.00 162.50
3.00 55.00 165.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	
LEFT PLANT	ARRIVED JOB	START UNLOADING	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	TIME DUE
END TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

Subtotal \$ 710.00
Tax % 6.150 43.67
Total \$ 753.67
Order # 753.67

ADDITIONAL CHARGE 1
ADDITIONAL CHARGE 2

GRAND TOTAL

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: 12/10/13 Date Completed: 12/16/13
 Total Depth: 642 feet Well # 3 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: 633' 2 7/8 Sacks of Cement: 85
 Legal Description: SE SW NE SW Sec: 20 Twp: 20S Range: 22E County: Linn

Thickness	Depth	Type of Formation	Thickness	Depth	Type of Formation
1	1	Top Soil	21	642	Shale
3	4	Lime		642	TD
3	7	Clay			
34	41	Shale	Core Thickness	Depth	Time
2	43	Lime	1	587-588	1:13 Oil Sand
50	93	Shale	2	588-589	1:34 Oil Sand
8	101	Lime	3	589-590	1:52 Oil Sand
7	108	Shale	4	590-591	1:24 Oil Sand
36	144	Lime	5	591-592	1:11 Oil Sand
9	153	Shale	6	592-593	1:24 Oil Sand
3	156	Lime	7	593-594	0:52 Oil Sand
5	161	Shale	8	594-595	1:37 Oil Sand
15	176	Lime	9	595-596	2:10 Oil Sand
4	180	Shale	10	596-597	1:51 Oil Sand
2	182	Lime	11	597-598	2:32 Oil Sand
4	186	Shale	12	598-599	1:22 Oil Sand
5	191	Lime	13	599-600	1:03 Oil Sand
168	359	Shale	14	600-601	3:14 Shale
3	362	Lime	15	601-602	3:53 Shale
13	375	Shale	16	602-603	4:08 Shale
8	388	Lime	1	603-604	4:11 Shale
54	442	Shale	2	604-605	3:12 Shale
9	451	Lime	3	605-606	2:10 Shale
6	457	Shale	4	606-607	5:16 Shale
2	459	Lime	5	607-608	5:03 Shale
8	467	Shale	6	608-609	3:22 Shale
3	470	Lime	7	609-610	6:55 Shale
31	501	Shale	8	610-611	2:48 Shale
8	509	Lime	9	611-612	1:09 Shale
16	525	Shale	10	612-613	2:21 Shale
2	527	Lime	11	613-614	2:48 Shale
16	543	Shale	12	614-615	2:35 Shale
2	545	Lime	13	615-616	2:41 Shale
21	566	Shale	14	616-617	2:27 Shale
5	571	Sandy Shale (Slight Odor)	15	617-618	3:32 Shale
5	582	Sand (No Oil)	16	618-619	7:02 Shale
5	587	Oil Sand Fair Bleed	17	619-620	6:10 Shale
34	621	Ran Core	18	620-621	4:53 Shale