



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209045
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: _____

1209045

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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CONSOLIDATED
Oil Well Services, LLC

234485

TICKET NUMBER 27563
LOCATION Babyville
FOREMAN Jason Bell

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
5-27-10	2520	Campbell #23-1				McPherson
CUSTOMER <u>Endura</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Seal HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 45.1 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10
 DISPLACEMENT 2.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Mud pump while rig drilled. Hookup ran 50 sacks 2 1/2 cal cement displaced shut in.
- Cement circulated to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE		1700.00
5406	45	MILEAGE		159.75
5407	1	bulk tank		305.00
5402	45.1	footage		9.02
550c	5.5	transport		594.00
5609	2 hrs	Misc. Pump		392.00
1104	4200#	Class A	↓	705.00
1102	100#	Collection	4	73.00
1107A	80#	Photo	1	89.60
1186	800#	Gel	4	136.00
1123	4200 gal	City Water	4	60.90
		10% discount if paid in 30 days = 328.07		
		<u>2952.62</u>		
		5.3 %	SALES TAX	56.43
			ESTIMATED TOTAL	3280.70

Ravin 3737

AUTHORIZATION Jeff Reynolds

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.

Well Refined Drilling Company, Inc.

4230 Douglas Road - Thayer, KS 66776

Contractor License # 33072 - FEIN # 48-1218553

620-839-5581/Office; 620-432-6170/Jeff Cell; 620-839-5582/FAX



Rig #:	2	Lease #	32887	S23	T34S	R16E
API #:	125 31964			Location	SW,SE,SW	
Operator:	Endeavor Energy Resources LP			County	Montgomery	
Address:	PO Box 40					
	Delaware, Ok 74027					

				Gas Tests			
Well #:	23-1	Lease Name:	Campbell	Depth	Oz	Orifice	Flow MCF
Location:	330 FSL	Line		403	7	1/4"	4.45
	1650 FVWL	Line		503	2	1/2"	8.87
Spud Date:	5/27/2010			528	Gas Check Same		
Date Completed:	6/1/2010			553	3	1/2"	10.9
Driller:	Jeff Kephart			728	6	1/2"	15.4
Casing Record	Surface	Production		828	7	1/2"	16.7
Hole Size	12 1/2"	7 7/8"		1028	7	1/2"	16.7
Casing Size	8 5/8"						
Weight							
Setting Depth	45'1"						
Cement Type	Portland						
Sacks	Consolidated						
Feet of Casing							
Note:							

10LF-060110-R2-028-Campbell-23-1-Endeavor

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	4	overburden	192	202	lime	643	647	sand
4	32	clay	202	230	shale	647	650	sandy shale
32	36	gravel	230	344	sandy shale	650	663	shale
36	40	shale	344	361	lime	663	685	sand
40	45	lime	354		oil odor	685	715	shale
45	75	shale	361	460	shale	715	716	coal
75	76	lime	460	490	lime	716	763	shale
76	95	shale	490	493	shale	763	783	sand
95	96	coal	493	523	lime	783	813	shale
96	99	shale	503		stopped for day	813	823	sand
99	106	lime	523	527	blk shale	823	827	laminated sand
106	107	shale	527	545	lime			odor
107	128	lime	545	551	blk shale	827	1004	shale
110		oil on pit	551	561	shale	1004	1005	coal
123		oil on pit	561	562	coal	1005	1010	shale
128	175	shale	562	583	shale	1010	1053	Mississippi lime
175	188	lime	583	584	coal	1053		Total Depth
188	192	shale	584	643	shale			