



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209558
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: _____



1209558

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
5/28/2014	1353

Bill To	
SEK Energy LLC 149 Benedict Rd PO Box 55 Benedict, KS 66714	
Customer ID#	1068

Job Date	5/21/2014
Lease Information	
Gudde Farms Inc #2-13	
County	Wilson
Foreman	KM

Item	Description	Qty	Rate	Amount
C102	Cement Pump-Longstring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	45	3.95	177.75
C201	Thick Set Cement	110	19.50	2,145.00T
C207	KolSeal	550	0.45	247.50T
C208	Pheno Seal	110	1.25	137.50T
C206	Gel Bentonite	300	0.20	60.00T
C108B	Ton Mileage-per mile (one way)	272.25	1.35	367.54
C114	Transport	3.5	110.00	385.00
C224	City Water	4,200	0.01	42.00T

Batch #	Input In/Out		
Gain/Checks	Check Data		
Well #	Cat #	Net Amount	Special
1156	230	4,774.16	

Terms	Net 30
Rate	Amount

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$4,612.29
Sales Tax (6.15%)	\$161.87
Total	\$4,774.16
Payments/Credits	\$0.00
Balance Due	\$4,774.16

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561

Elite

**Cementing & Acidizing
of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1353**
Foreman Kevin McCoy
Camp Eureka

API # 15-205-28269

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-21-14	1068	Gudde FARMS INC # 2-13	13	305	15E	Wilson	Ks
Customer	Safety Meeting		Unit #	Driver	Unit #	Driver	
SEK Energy, LLC	KM		102	CHRIS G.			
Mailing Address	CB		113	CHRIS M.			
P.O. Box 55	149 Benedict Rd	CM	104 T 147	SHANNON F.			
City	State	Zip Code					
Benedict	Ks	66714					

Job Type <u>Longstring</u>	Hole Depth <u>1098'</u>	Slurry Vol. <u>36 BBL</u>	Tubing _____
Casing Depth <u>1099'</u>	Hole Size <u>6 3/4"</u>	Slurry Wt. <u>13.7 *</u>	Drill Pipe _____
Casing Size & Wt. <u>4 1/2"</u>	Cement Left in Casing <u>0'</u>	Water Gal/SK <u>9.0</u>	Other _____
Displacement <u>17.9 BBL</u>	Displacement PSI <u>500</u>	Bump Plug to <u>1000 PSI</u>	BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 5 BBL Fresh water. Pump 6 SKS (300*) Gel flush, 5 BBL water spacer. Mixed 110 SKS THICK Set Cement w/ 5* Kol-Seal /SK 1* PhenoSeal /SK @ 13.7 */gal = 36 BBL Slurry. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 17.9 BBL Fresh water. Final Pumping Pressure 500 PSI. Bump Plug to 1000 PSI. Wait 2 minutes. Release Pressure. Float & Plug Held. Good Cement to Surface. = 6 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	45	Mileage	3.95	177.75
C 201	110 SKS	THICK Set Cement	19.50	2145.00
C 207	550 *	Kol-Seal 5*/SK	.45 *	247.50
C 208	110 *	PhenoSeal 1*/SK	1.25 *	137.50
C 206	300 *	Gel Flush	.20 *	60.00
C 108 B	6.05 TONS	Ton Mileage 45 miles	1.35	367.54
C 114	3.5 HRS	Water Transport	110.00	385.00
C 224	4200 gals	City water	10.00/1000	42.00
	1	4 1/2 Latch down Plug (Furnished By SEK Energy)	---	N/C
<u>THANK YOU</u>			Sub TOTAL	4612.29
6.15%			Sales Tax	161.87

Authorization Witnessed By Doug Lamb Title Owner Total **4774.16**

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

October 21, 2014

Kerry King
SEK Energy, LLC
149 BENEDICT RD
PO BOX 55
BENEDICT, KS 66714

Re: ACO-1
API 15-205-28269-00-00
Gudde Farms Inc. 2-13
NW/4 Sec.13-30S-15E
Wilson County, Kansas

Dear Kerry King:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/20/2014 and the ACO-1 was received on October 10, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department