



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1210278  
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: \_\_\_\_\_

1210278

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)*

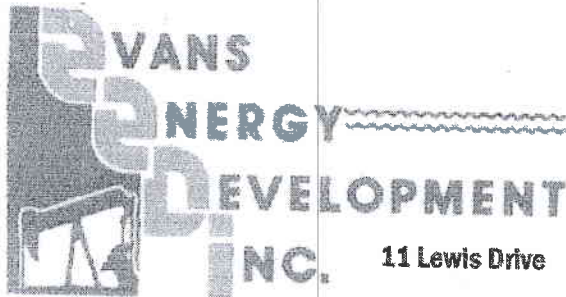
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

A & L Energy Operations, LLC

Alma #8

API #15-059-26,670

May 28 - May 29, 2014

Thickness of Strata

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
15	lime	25
6	shale	31
21	lime	52
23	shale	75
23	lime	98
87	shale	185
20	lime	205
27	shale	232
5	lime	237
30	shale	267
9	lime	276
2	shale	278
1	lime	279
19	shale	298
21	lime	319
8	shale	327
22	lime	349
5	shale	354
14	lime	368 base of the Kansas City
149	shale	517
12	lime	529
33	shale	562
1	coal	563
5	shale	568
5	lime	573
15	shale	588
3	lime	591
26	shale	617
5	lime	622 ok bleeding
8	shale	630
0.5	broken sand	630.5 brown & green, light bleeding
18.5	oil sand	649 brown, no bleeding, washed
1	limey sand	650
7.5	oil sand	657.5 brown 90% bleeding
1.5	limey sand	659
1	oil sand	660 brown 100% bleeding
4	sand	664 black no bleeding

Alma #8

Page 2

13  
35

oil sand  
shale

677 black 90% bleeding  
712 TD

Drilled a 9 7/8" hole to 22.4'  
Drilled a 5 5/8" hole to 712'

Set 22.4' of 9 7/8" casing threaded and coupled cemented with 5 sacks of cement.

Set 702' of 2 7/8" 8 round upset 3 centralizers, 1 float shoe, 1 clamp.

Alma #8

Page 3

Core Times	
<u>Minutes</u>	<u>Seconds</u>
	31
	16
	37
	22
	30
	23
	29
	19
	24
	48
	31
	26
	25
	29
	20
	26
	34
1	57
1	39
	28
	37
	38
	32
	37
	49
	53
	18
1	26
	21
	49
	19
	27
	35
	23
	19



**CONSOLIDATED**  
Oil Well Services, LLC

268533

TICKET NUMBER 47287

LOCATION Ottawa, KS

FOREMAN Fred Maden

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
5-29-14	3898	Alma # 8	SE 20	16	21	FR

CUSTOMER  
A & L Energy Oper LLC

MAILING ADDRESS  
575 Madison Ave 2nd Fl

CITY  
New York

STATE  
NY

ZIP CODE  
10022

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Kai Car		
675	Kai Det		
545	Mat Lac - Milk Fox		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 712 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 702 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 4.08 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 58 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 100# Gel Flush. Mix & Pump SKs 50/50 Por Mix Cement 2% Gel. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 600# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. - Travis

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	15 mi	MILEAGE	495	1085 <sup>00</sup>
5402	702	Casing footage	495	63 <sup>00</sup>
5407	Minimum	Ten Miles	548	NK
5502C	1 1/2 hr	80 BBL Vac Truck	875	368 <sup>00</sup>
				150 <sup>00</sup>
1124	100 SKS	50/50 Por Mix Cement	1150 <sup>00</sup>	
1118B	265 #	Premium Gel	58 <sup>96</sup>	
		Material	1208 <sup>96</sup>	
		Less 30%	-362 <sup>69</sup>	
		Total		846 <sup>27</sup>
4402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
			2999.21	
			7.600	
			SALES TAX	68 <sup>00</sup>
			ESTIMATED	
			TOTAL	2608 <sup>77</sup>

Ravin 3737

AUTHORIZATION \_\_\_\_\_ 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 for