



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1211774  
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: \_\_\_\_\_

1211774

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Hurricane Services, Inc.  
 3613 A Y Road  
 Madison, KS 66860  
 Office # 620-437-2661  
 Brad Cell # 620-437-6765



Ticket Number 100417  
 Location \_\_\_\_\_  
 Foreman Dwayne / Joe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4/15/14		McDonald KR-2	29-22-27	Linn
Customer <u>Kansas Resources</u>		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
<u>Longstring -</u>	<u>271</u>	<u>TOM</u>
Hole Size: <u>5 5/8</u>	<u>241</u>	<u>AMOS</u>
Hole Depth: <u>750</u>	<u>108</u>	<u>Mitch</u>
Bridge Plug:	<u>108</u>	<u>Arnold</u>
Packer:	<u>25</u>	<u>Dwayne</u>

Quantity Or Units	Description of Services or Product	Pump charge	
<u>25 mi</u>	Mileage	\$3.25/Mile	<u>81.25</u>
<u>25 mi</u>	Foreman Pickup	1.50	<u>37.50</u>
<u>120 sack</u>	<u>50/50 Poz Mix</u>	11.30	<u>1356.00</u>
<u>202 lbs</u>	<u>2% IN Cement</u>	.30	<u>60.48</u>
<u>200 lbs</u>	<u>Prem gel 3 Sweep 3</u>	.30	<u>60.00</u>
<u>2400 Gal</u>	<u>Water</u>	1.3 Gal	<u>31.20</u>
<u>4.5 hr</u>	<u>Water Trucks units 108-111 2.25/hr each</u>	84.00	<u>378.00</u>
<u>1</u>	<u>Wire Line Change</u>	50.00	<u>50.00</u>
<u>5.04 Tons</u>	Bulk Truck <u>minimum Charge</u>	\$130/Mile	<u>300.00</u>
<u>1</u>	Plugs <u>2 1/2 Rubber Plug</u>	25.00	<u>25.00</u>
		Subtotal	<u>3169.43</u>
		Sales Tax	
		Estimated Total	

Remarks: Rigged up to 2 7/8 tubing Tagged Flatshoe at 710 by wireline  
 Broke circulation with fresh water. Pumped 10 bbl gel flush. Mixed  
 120 SKS 50/50 poz 2% gel. Wash out Pump lines. Pumped 1  
 2 1/2" Rubber plug displaced 4.1 bbl. Pumped Plug 1000 psi  
 Good Cement Return with 4bbl cement to pit  
 1st Well

Jackman Oilfield Services  
 1 West Mulberry St.  
 Colony, KS 66015  
 620-852-3350

WELL LOG  
 Kansas Resource Exploration & Development, LLC  
 McDonald KR-2

April 10, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
12	soil/clay	12	
10	lime	22	
6	shale	28	
9	lime	37	
51	shale	88	
6	lime	94	
11	shale	105	
33	lime	138	
9	shale	147	
21	lime	168	
6	shale	174	
10	lime	184	
154	shale	338	
3	lime	341	
27	shale	368	
3	lime	371	
47	shale	418	
1	coal	419	
7	shale	426	
4	lime	430	
17	shale	447	
8	lime	455	
12	shale	467	
14	lime	481	
19	shale	500	
3	lime	503	
4	shale	507	
30	sandy lime	537	
17	shale	554	
1	lime	555	
13	shale	568	
1	lime	569	
6	sandy shale	575	
5	oil sand	580	light bleed

3	lime	583	
13	sandy shale	596	
5	coal	601	
13	shale	614	
2	lime	616	
1	coal	617	
11	shale	628	
20	gray sand/sandy shale	648	
4	broken sand	652	light bleed
5	oil sand	657	light bleed
4	broken sand	661	light bleed
2	oil sand	663	medium bleed
1	broken sand	664	light bleed
12	shale	676	
2	coal	678	
72	shale	750	TD

Drilled a 9 7/8" hole to 19'7"

Drilled a 5 7/8" hole to 750'

Set 20' of 7" surface casing cemented with 5 sacks of portland cement

Set 741.75' of 2 7/8" round upset tubing. Baffle @ 710.1'

McDonald KR-2