



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209669
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: _____

1209669

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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4	lime	512
2	shale	514
3	lime	517
15	shale	532
2	lime	534
1	shale	535
3	lime	538
11	shale	549
2	lime	551
9	shale	560
6	silty shale	566 green
8	shale	574
7	silty shale	581
1	broken sand	582 60% brown sand 40% shale ok bleeding, gassy
7	silty shale	589
1	broken sand	590 90% brown sand 10% shale ok bleeding, gassy
1	broken sand	591 30% brown sand 70% shale light bleeding
3	broken sand	594 80% brown sand 20% shale ok bleeding
10	broken sand	604 90% brown sand 10% laminated shale good bleeding
2	oil sand	606 brown sand good bleeding, gassy
0.5	shale	606.5
0.5	lime	607
0.5	broken sand	607.5 brown sand & shale, good bleeding
0.5	lime	608
1	oil sand	609 brown sand few thin shale laminations good bleeding
1	limey sand	610 50% lime 50% sand good bleeding
0.5	oil sand	610.5 brown, good bleeding
1	lime	611.5
0.5	oil sand	612 brown, good bleeding
1	broken sand	613 20% sand 80% shale minimal show
0.5	lime	613.5
3.5	silty shale	617
6	shale	623
1	grey sand	624 no show
31	shale	655
1	coal	656
12	shale	668 TD

Drilled a 9 7/8" hole to 20'
 Drilled a 5 5/8" hole to 668'

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

Set 658.25' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

Core Times

<u>Minutes</u>	<u>Seconds</u>		<u>Minutes</u>	<u>Seconds</u>	
574	27		594	50	
575	46		595	51	
576	34		596	40	
577	33		597	50	
578	29		598	40	
579	32		599	39	
580	35		600	36	
581	32		601	38	
582	30		602	38	
583	32		603	45	
584	30		604	40	
585	33		605	56	
586	36		606	1	18
587	35		607		53
588	34		608	1	48
589	31		609	1	0
590	53		610	1	30
591	39		611		39
592	38		612	1	6
593	11		613		28



CONSOLIDATED
Oil Well Services, LLC

268704

TICKET NUMBER 47213
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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
6/2/14	4828	Peuka #11	Nw 25	20	21	LN
CUSTOMER <u>L & P Enterprises</u>			TRUCK #			
MAILING ADDRESS <u>29975 Indianapolis Rd</u>			DRIVER			
CITY <u>Paola</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66071</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 6668' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 658' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 3.81 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 87 sks 50 Pozmix cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump down, pumped 2 1/2" rubber plug to casing TD w/ 3.81 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

PK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	35 mi	MILEAGE		197.00
5402	658'	casing footage		
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 Vac		200.00
1124	87 sks	50 Pozmix cement	1000.50	
1118B	346 #	Premium Gel	76.12	
1107A	44 #	Phenoseal	59.40	
		materials	1136.02	
		- 30%	340.81	
		subtotal		795.21
4402	1	2 1/2" rubber plug		29.50
			3037.19	
			6.57%	
			SALES TAX	50.71
			ESTIMATED TOTAL	2675.42

Ravin 3737
AUTHORIZATION *[Signature]* TITLE Peuka 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 fo