

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1210787

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec	Twp S. R	East West
Address 2:			Feet	t from North / Sout	h Line of Section
City: St	ate: Zip	D:+	Feet	t from East / West	t Line of Section
Contact Person:			Footages Calculated from Ne	earest Outside Section Corne	r:
Phone: ()			□ NE □ NW	□se □sw	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				g. xx.xxxxx) ((e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 N		
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	Well #:	
New Well Re-	-Fntrv	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:	
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:	<u>. </u>
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at:	Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co		
If Workover/Re-entry: Old Well Inf			If yes, show depth set:		Feet
Operator:			If Alternate II completion, cen		
Well Name:			feet depth to:		
Original Comp. Date:			loot dopar to:		
Deepening Re-perf.	_	NHR Conv. to SWD	B	D.	
☐ Plug Back	Conv. to GS		Drilling Fluid Management (Data must be collected from the		
Commingled	Permit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion	Permit #:		Dewatering method used:		
SWD	Permit #:		Location of fluid disposal if ha	auled offsite:	
☐ ENHR	Permit #:		Operator Name:		
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date Rea	iched TD	Completion Date or	QuarterSec		
Recompletion Date		Recompletion Date	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 III Approved by: Date:



(Attach Additional Sheets) Samples Sent to Geological Survey Yes No Cores Taken Electric Log Run Name Top Datum	Operator Name:			Lease Name	e:		Well #:	
pen and closed, flowing and shuf-in pressures, whether shuf-in pressure reached static level. Pydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if and so surface lests. I allow of the reaches if more space is more does. "mail Radicactivity Log, Final Logs run to obtain Geophysical Date and Final Electric Logs must be emailed to kco-well-logs @ kcc.ks.gov. Digital electronic log lice must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). "In Stem Tests Taken [Attach Additional Sheets) [Attach Addition	Sec Twp	S. R	East West	County:				
Item must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).	open and closed, flow	ving and shut-in press	ures, whether shut-in pre	essure reached s	static level, hydrosta	atic pressures, bott		
Samples Sent to Geological Survey						ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Samples Sent to Geological Survey	Drill Stem Tests Taker (Attach Additional		Yes No		_ •	on (Top), Depth ar		
Selectific Logs Run: Yes	Samples Sent to Geo	logical Survey	☐ Yes ☐ No	N	lame		Тор	Datum
CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Purpose of String Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Additives Additives Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type and Percent Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type and Percent Additives Perforate Perforate Protect Casing Plug Back TD Plug Oil Zone Plug Grant Top Bottom Type of Cement # Sacks Used Type and Percent Additives Protect Casing Plug Back TD Plug Oil Zone No (If No. skip questions 2 and 3) Did you perform a hydraulic fracturing treatment on this well? Ozes the volume of the total base fluid of the hydraulic fracturing treatment exceed \$50,000 gallons? Yes No (If No. skip questions 3) Shots Per Foot PERFORATION RECORD - Bridge Plugs SetType Add, Fracture, Shot, Cement Squeeze Record (Annount and Rohn of Millerias Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No 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) PRIZ 4 Hours Oil Bbls. Gas Mcd Water Bbls. Gas-Oil Ratio Gravity PRIZ 4 Hours Oil Used on Lease Open Hole Pert. Submit ACO-J Sizem ACO-J	Cores Taken Electric Log Run							
Purpose of String Size Hole Size Casing Drilled Set (in O.D.) Depth Cement Used Additives	List All E. Logs Run:							
Purpose of String Size Hole Size Casing Weight Depth Cement Used Type of # Sacks Type and Percent Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose:						ion ata		
ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Perforate Protect Casing Prupos of Each Top Bottom Purpose: Protect Casing Prupose of Each Top Bottom Purpose of Each Top Bottom Protect Casing Prupose of Each Top Bottom Protect Casing Protect C	D (0):	Size Hole	-		-		# Sacks	Type and Percent
Purpose: Perforate Perforate Protect Casing Pitug Back TD Pitug Off Zone Did you perform a hydraulic fracturing treatment on this well? Did you perform a hydraulic fracturing treatment exceed 350,000 gallons? Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL:	Purpose of String							
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Perforate Protect Casing Prug Back TD Protect Casing Prug Back TD Prug Off Zone Did you perform a hydraulic fracturing treatment on this well? Protect Casing Prug Back TD Prug Off Zone Did you perform a hydraulic fracturing treatment on this well? Poss the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? yes No			ADDITIONAL	CEMENTING / S	SQUEEZE RECORD			
Perforate Protect Casing Plug Back TD Plug Off Zone Plug Sack TD Plug Off Zone Plug Set Plug	Purpose:		Type of Cement	# Sacks Used	ı	Type and P	ercent Additives	
Plug Back TD		100 20110111						
Did you perform a hydraulic fracturing treatment on this well? Oces the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes	Plug Back TD							
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Flug On Zone							
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)
Shots Per Foot	Does the volume of the t	total base fluid of the hydr	raulic fracturing treatment ex	ceed 350,000 gall	ons? Yes	No (If No, ski	p question 3)	
Shotis Per Pool Specify Footage of Each Interval Perforated	Was the hydraulic fractur	ring treatment informatior	n submitted to the chemical	disclosure registry	? Yes [No (If No, fill	out Page Three	of the ACO-1)
TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Other (Explain) Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: (Submit ACO-5) (Submit ACO-4)	Shots Per Foot							
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease METHOD OF COMPLETION: Submit ACO-5) (Submit ACO-4) Producing Method: Other (Explain) PRODUCTION INTERVAL: PRODUCTION INTERVAL:		Specify F	-ootage of Each Interval Per	forated	(A	mount and Kind of Ma	terial Used)	Depth
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease METHOD OF COMPLETION: Submit ACO-5) (Submit ACO-4) Producing Method: Other (Explain) PRODUCTION INTERVAL: PRODUCTION INTERVAL:								
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Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease METHOD OF COMPLETION: Submit ACO-5) (Submit ACO-4) Producing Method: Other (Explain) Parallel Other (Explain) PRODUCTION INTERVAL:								
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease METHOD OF COMPLETION: Submit ACO-5) (Submit ACO-4) Producing Method: Other (Explain) Producing Method: Other (Explain) Producing Method: Other (Explain) PRODUCTION INTERVAL:								
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-5) (Submit ACO-4)	TUBING RECORD:	Size:	Set At:	Packer At:				
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity DISPOSITION OF GAS: Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4) Other (Explain) PRODUCTION INTERVAL:						res No		
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity DISPOSITION OF GAS: WETHOD OF COMPLETION: Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4) (Submit ACO-4)	Date of First, Resumed	Production, SWD or EN			Gas Lift 0	Other (Explain)		
Per 24 Hours DISPOSITION OF GAS: WETHOD OF COMPLETION: PRODUCTION INTERVAL: PRODUCTION INTERVAL: Sold Submit ACO-5) (Submit ACO-4)	Estimated Production	Oil I					Ras-Oil Ratio	Gravity
Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4)		Oii E	2013. Gas	IVICI	vvater ===	nuio.	auo-Oil ∏allU	Gravity
Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4)		l						
(Submit ACO-5) (Submit ACO-4)							PRODUCTION	ON INTERVAL:
			Open Hole					

Form	ACO1 - Well Completion
Operator	Kansas City Oil, LLC
Well Name	KU 2
Doc ID	1210787

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	5	50/50 POZ
Completio n	5.6250	2.8750	8	400	Portland	65	50/50 POZ

	Operator License Operator Address City	e #	35069 Kansas City Oil, LLC 9525 Lime Stone Road Parkville, MO 64152		API # Lease Nan Well #		15-121-30412-00-00 KU 2)
	Contractor Contractor Licen	50 H	JTC Oil, Inc. 32834		Spud Date		6/2/2014		
	T.D.	se #			Cement D	ate			
			420		Location	4.0=	Sec 23	T 18	R 22
	T.D. of pipe		400 7"				feet from	S	line
	Surface pipe size Surface pipe dep		-			1095	feet from	W	line
	Well Type	tn.	20'		County		Miami		
	· ·	riller's	Production						
Thickness	Strata	Tiller 5	From	То					
9	dirt		0	9					
22	lime		9	31					
27	shale		31	58					
8	lime		58	66					
39	shale		66	105					
11	lime		105	116					
8	shale		116	124					
32	lime		124	156					
5	shale		156	161					
25	lime		161	186					
3	shale		186	189					
5	lime		189	194					
3	shale		194	197					
9	lime		197	206					
137	shale		206	343					
2	top sand		343	345					
2	ok		345	347					
2	lime		347	349					
2	ok		349	351					
2	ok		351	353					
2	good		353	355					
3	very good		355	358					
2	very good		358	360					
18	lime		360	378					
6	lime oil		378	384					
36	shale		384	420					

Hurricane Services, Inc. 3613 A Y Road Madison, KS 66860 Office # 620-437-2661 Brad Cell # 620-437-6765



Ticket Nur	nber10045	7		
Location_	M			
Foreman_	Dwg, ne.	/	Joe	
	7	7		

		Cement Service	ticket	5		
Date	Customer	# Well Name 8	ship/Range	County		
64-14		K.U. Lease	*2	23-18	-22	Miami
Customer Kansas C	city Oil	Mailing Address 9525 Limest	inimoda.	City ParKville	State	Zip 19152
ob Type:					Truck #	Driver
Long	StRing	4/00'			230	Tom / Alex
OIC SIZEV (Casing Size: 2 1/8	Displacement			Amas / Dan
lole Depth:	420	Casing Weight:	Displacement		110	Scott
ridge Plug:		Tubing:	Cement Left i	n Casing:	111	TYlor
acker:		PBTD:			25	Duryne
Quantity Or	Units	Description of 1	L Servcies or Pr	oduct	Pump charge	675 9
23		Mileage Cement	Pump	230	\$3.25/Mile	74,75
23		Forman Pi	c Kap	25	1.5 m	34 €0
<i>y</i> , , ,		/ 5 U 5 O			00	200 00
65	Sucks	Premoel 2º10	mix		12 º SK	780 °°
106	165				30 46	
	Lhs	Primark Flush			130 Lh	30
16,25		Cello Flake			2.15 16	34 94
3 000		water			1.3 gal	39 00
<u>2:</u>	\\ 	Water TRuck	·····		84 1	16800
2		Water TRuck			94 hr	168 00
2,8	Tons	Bulk Truck Minimum Co	harge	242	\$1.15/Mile	300°
	1	Plugs 21/2 Rubb	r Plua	HANNE AND	25 °	2500
					Subtotal	2362 29
				8,65	Sales Tax	81 53
	To a server and the s				Estimated Tota	1 2444 33
emarks: 5 BBAI		ollowed By 15 Bi	1		culation	11
Pamp Boffon a		IN 800 PSI	Flush F		Pump 1	

(Rev. 1-2011)

Customer Signature