



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210789
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: _____

1210789

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____						
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> _____	PRODUCTION INTERVAL: _____ _____
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Operator License #	35069	API #	15-121-30408-00-00		
Operator	Kansas City Oil, LLC	Lease Name	KU		
Address	9525 Lime Stone Road	Well #	3		
City	Parkville, KS 64152	Spud Date	6/2/2014		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 23	T 18	R 22
T.D.	420		495 feet from	S	line
T.D. of pipe	400		1095 feet from	W	line
Surface pipe size	7"	County	Miami		
Surface pipe depth	20'				
Well Type	Production				

Driller's Log

Thickness	Strata	From	To	
9	dirt	0	9	
21	lime	9	30	
27	shale	30	57	
8	lime	57	65	
38	shale	65	103	
12	lime	103	115	
8	shale	115	123	
32	lime	123	155	
4	shale	155	159	
27	lime	159	186	
3	shale	186	189	
5	lime	189	194	
3	shale	194	197	
11	lime	197	208	
134	shale	208	342	
1	top	342	343	ok
2	ok	343	345	
3	good	345	348	
3	ok	348	351	
2	ok	351	353	
2	ok	353	355	
3	good	355	358	
2	ok	358	360	2 ft
2	lime	360	362	
4	shale	362	366	
17	lime	366	383	
37	shale	383	420	

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



Ticket Number 100458
 Location _____
 Foreman Dwayne / Joe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6/4/14		KU Lease # 3	23-18-22	Miami Co
Customer	Mailing Address	City	State	Zip
Kansas City Oil	9525 Limestone Rd	Parkville	MO	64152

Job Type:

			Truck #	Driver
Long String			230	Tom/Alex
Hole Size: 6"	Casing Size: 2 1/2"	Displacement: 2.3 BBL	242	Amos/Danny
Hole Depth: #120	Casing Weight: 400'	Displacement PSI:	110	Scott
Bridge Plug:	Tubing:	Cement Left in Casing: 0	111	Tyler
Packer:	PBTD:		25	Dwayne

Quantity Or Units	Description of Services or Product	Pump charge	
23 mi	Mileage Cement Pump 230	\$3.25/Mile	NC
23 mi	Foreman Pickup 25	1.5 mi	NC
64 Sacks	60/40 Poz mix	12 ⁰⁰ SK	768
110 Lb	Prem gel 2%	1.30 Lb	33 ⁰⁰
100 Lb	Prem gel Flush	1.30 Lb	30 ⁰⁰
4000 Gal	Water	1.3 c/gal	52 ⁰⁰
2 hr	Water Truck 110	84 ⁰⁰ hr	168 ⁰⁰
2 hr	Water Truck 111	84 ⁰⁰ hr	168 ⁰⁰
16 Lb	Callo Flake	2.15 Lb	34 ⁴⁰
2.752 Tons	Bulk Truck BULK Delivery 242	\$1.15/Mile	N/C
1	All Ready On Location		
	Plugs 2 1/2"	25 ⁰⁰	2.5 ⁰⁰
		Subtotal	1953.40
		Sales Tax	81.52
		Estimated Total	2034.92

Remarks: Hooked onto casing - Pump to Establish circulation - Pump 5 BBL Gel Flush Followed By 15 BBL Pad and Start Cement Pump 64 Sacks. Stop and Flush Pump. Then Pump Plug to Bottom and Shot IN 900 PSI.

Customer Signature _____