



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210791
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: _____

1210791

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License # 35069
 Operator Kansas City Oil, LLC
 Address 9525 Lime Stone Road
 City Parkville, MO 64152
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 420
 T.D. of pipe 409
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30410-00-00
 Lease Name KU
 Well # 4
 Spud Date 6/12/2014
 Cement Date
 Location Sec 23 T 18 R 22
 500 feet from S line
 165 feet from W line
 County Miami

Driller's Log

Thickness	Strata	From	To
7	dirt	0	7
18	lime	7	25
26	shale	25	51
5	lime	51	56
41	shale	56	97
11	lime	97	108
9	shale	108	117
31	lime	117	148
4	shale	148	152
26	lime	152	178
3	shale	178	181
14	lime	181	195
5	shale mix	195	200
136	shale	200	336
2	top sand	336	338
2	top sand	338	340
2	top sand	340	342
2	top sand	342	344
2	limey	344	346
2	good	346	348
2	good	348	350
2	ok	350	352
2	limey	352	354
2	ok	354	356
2	good	356	358
2	ok	358	360
2	ok	360	362
3	shale	362	365
18	lime	365	383
37	shale	383	420

ok

Hurricane Services, Inc.
 3513 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100429
 Location _____
 Foreman Dwayne

Cement Service ticket

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

Job Type:	Truck #	Driver
Long String	231	TOM
Hole Size: 6 1/2"	242	Danny D.
Hole Depth:	110	SCOTT
Bridge Plug:	108	TYLOR
Packer:	25	DWAYNE

Quantity Or Units	Description of Services or Product	Pump charge	
23	Mileage Cement Pump 231	\$3.25/Mile	N/C
23	Fedman Pickup 25	1.5	N/C
63 Sacks	60/40 Poz Mix	12 ⁰⁰ SK	756 ⁰⁰
106 Lbs	Prem Gal In Cement	.30 Lb	31 ⁸⁰
100 Lbs	Prem Gal Flush	.30 Lb	30 ⁰⁰
15.75 Lbs	FloSeal 1/4 Lb - Sack	2.15 \$8	33 ⁸⁶
3000 Gal	Water	1.3 \$gal	39 ⁰⁰
1.25 hr	Water TRUCK 110	84 ⁰⁰ hr	105 ⁰⁰
1.25 hr	Water TRUCK 108	84 ⁰⁰ hr	105 ⁰⁰
2.7 Tons	Bulk Truck AllReady on location 242	\$1.15/Mile	N/C
1	Plugs 2 1/2 Rubber Plug	25 ⁰⁰	25 ⁰⁰
		Subtotal	1900 ⁶⁶
		Sales Tax	79 ²⁰
		Estimated Total	1879 ⁸⁶

Remarks: Hooked on to casing and Established Circulation. Pump 6 Bbl Gal Flush Followed By 15 Bbl Pad and Start Cement. Pump 63 Sacks of Cement. Stop and Flush Pump Then Pump wiper Plug to Bottom and Shut In 700 PSI.