

1210797

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> _____
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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 413
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30411-00-00
 Lease Name KU
 Well # 6
 Spud Date 6/6/2014
 Cement Date
 Location Sec 23 T 18 R 22
 830 feet from S line
 495 feet from W line
 County Miami

Driller's Log

Thickness	Strata	From	To
9	dirt	0	9
22	lime	9	31
26	shale	31	57
40	lime	57	97
13	shale	97	110
8	lime	110	118
5	shale	118	123
27	lime	123	150
5	shale	150	155
24	lime	155	179
4	shale	179	183
14	lime	183	197
6	shale mix	197	203
135	shale	203	338
2	top sand	338	340
2	ok	340	342
2	ok	342	344
2	ok	344	346
2	ok	346	348
2	ok	348	350
2	ok	350	352
2	ok	352	354
2	v-good	354	356
2	v-good	356	358
2	ok	358	360
3	shale	360	363
16	lime	363	379
41	shale	379	420

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



Ticket Number 100433
 Location _____
 Foreman Dwayne

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6/18/14		KU Lease # 6	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"	240	Amos/Alex
Hole Depth: 420'	110	Scott
Bridge Plug:	108	Tyler
Packer:	25	Dwayne

Quantity Or Units	Description of Services or Product	Pump charge	
32 mi	Mileage Cement Pump 231	\$3.25/Mile	N/A
32 mi	Foreman Pickup 25	1.5 mi	N/A
63 Sacks	60/40 Poz Max	12.00	756.00
106 Lbs	Prem Gel In Cement 2%	.30 LB	31.80
100 Lbs	Prem Gel Flush	.30 LB	30.00
15.75 Lbs	FloSeal	2.15 LB	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		N/A
1	Plugs 2 1/2 Rubber Plug	25.00	25.00
	Subtotal		1800.66
	Sales Tax		79.30
	Estimated Total		1879.96

Remarks: Hooked onto casing and Establish Circulation
Pump 6 BBL Prem gel 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

Customer Signature _____