



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210800
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: _____

1210800

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
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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"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License #	35069	API #	15-121-30446-00-00
Operator	Kansas City Oil, LLC	Lease Name	KU
Address	9525 Lime Stone Road	Well #	11
City	Parkville, MO 64152		
Contractor	JTC Oil, Inc.	Spud Date	6/9/2014
Contractor License #	32834	Cement Date	
T.D.	420	Location	Sec 23 T 18 R 22
T.D. of pipe	410		1160 feet from S line
Surface pipe size	7"		165 feet from W line
Surface pipe depth	20'	County	Miami
Well Type	Production		

Driller's Log

Thickness	Strata	From	To	
9	dirt	0	9	
19	lime	9	28	
25	shale	28	53	
7	lime	53	60	
40	shale	60	100	
12	lime	100	112	
8	shale	112	120	
31	lime	120	151	
5	shale	151	156	
25	lime	156	181	
4	shale	181	185	
16	lime	185	201	
5	shale mix	201	206	
132	shale	206	338	
2	top	338	340	ok
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	good	354	356	
2	1 ft. sand	356	358	8" lime
2	good	358	360	
2	end	360	362	ok
2	shale	362	364	
19	lime	364	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 100434
 Location _____
 Foreman Dwayne

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6/18/14		KU Lease # 11	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"	242	DWAYNE
Hole Depth:	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	NC
32 Mi.	Foreman Pickup 25	1.5 Gal	NC
6.3 Sacks	60/40 Poz Mix	12 ⁰⁰ SK	756 ⁰⁰
106 Lbs	Prem gel IN Cement 2%	.30 LB	31 ⁸⁰
100 Lbs	Prem gel Flush	.30 LB	30 ⁰⁰
15.76 Lbs	FloSeal	2.15 66	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	87 ⁰⁰ hr	105 ⁰⁰
2.7 Tons	Bulk Truck Cement Delivery minimum charge 242		300 ⁰⁰
1	Plugs 2 1/2 Rubber Plug	25 ⁰⁰	25 ⁰⁰
		Subtotal	
		Sales Tax	
		Estimated Total	

Remarks: Hooked onto well and Establish circulation Pump
 6 BBL Prem gel Flush Followed By 15 BBL Pad and
 Start Cement. Pump 6.3 Sacks Stop and Flush Pump
 Then Pump wiper Plug to Bottom and Shut In 700 PSI