



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210801
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: _____

1210801

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. <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 411
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30447-00-00
 Lease Name KU
 Well # 12
 Spud Date 6/11/2014
 Cement Date
 Location Sec 23 T 18 R 22
 1160 feet from S line
 495 feet from W line
 County Miami

Driller's Log

Thickness	Strata	From	To
9	dirt	0	9
17	lime	9	26
25	shale	26	51
6	lime	51	57
41	shale	57	98
10	lime	98	108
10	shale	108	118
31	lime	118	149
4	shale	149	153
27	lime	153	180
3	black shale	180	183
15	lime	183	198
3	shale mix	198	201
137	shale	201	338
2	top	338	340
2	ok	340	342
2	ok	342	344
2	limey	344	346
2	ok	346	348
2	ok	348	350
2	ok	350	352
2	v-good	352	354
2	v-good	354	356
2	v-good	356	358
2	little sand	358	360
3	shale	360	363
20	lime	363	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 100430
 Location _____
 Foreman Dwayne

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6/18/14		KU Lease # 12	23-18-22	Miami
Customer <u>Kansas City Oil</u>		Mailing Address <u>9525 Limestone Rd</u>	City <u>Perkville Mo</u>	State <u>Mo</u>
			Zip <u>64152</u>	

Job Type:	Truck #	Driver
<u>Long String</u>	<u>231</u>	<u>Tom</u>
Hole Size: <u>6" 110</u>	<u>242</u>	<u>Darryl D.</u>
Casing T.O. <u>400'</u>	<u>110</u>	<u>Scott</u>
Casing Size: <u>2 1/2</u>	<u>108</u>	<u>Tyler</u>
Hole Depth: <u>420</u>	<u>25</u>	<u>Dwayne</u>
Casing Weight:		
Displacement:		
Displacement PSI:		
Bridge Plug:		
Tubing:		
Cement Left in Casing:		
Packer:		
PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
		<u>6.75⁰⁰</u>	
<u>23 mi</u>	Mileage <u>Cement Pump 231</u>	<u>\$3.25/Mile</u>	<u>N/C</u>
<u>23 mi</u>	<u>Foreman Pickup 25</u>	<u>1.5</u>	<u>N/C</u>
<u>6.3 Sacks</u>	<u>60/10 Poz. Mix</u>	<u>12⁰⁰ SK</u>	<u>756⁰⁰</u>
<u>106 lbs</u>	<u>Prem Gel EA cement 2%</u>	<u>1.30 lb</u>	<u>31⁰⁰</u>
<u>100 lbs</u>	<u>Prem Gel Flush</u>	<u>1.30 lb</u>	<u>3.0⁰⁰</u>
<u>15.75 lbs</u>	<u>Flossal</u>	<u>2.15 lb</u>	<u>33⁰⁰</u>
<u>3000 Gal</u>	<u>Water</u>	<u>1.34 Gal</u>	<u>39⁰⁰</u>
<u>1.25 hr</u>	<u>Water TRUCK 110</u>	<u>84⁰⁰ hr</u>	<u>105⁰⁰</u>
<u>1.25 hr</u>	<u>Water TRUCK 108</u>	<u>84⁰⁰ hr</u>	<u>105⁰⁰</u>
<u>2.7 Tons</u>	<u>Bulk Truck Already on location 242</u>		<u>N/C</u>
<u>1</u>	<u>Plugs 2 1/2 Rubber Plug</u>	<u>25⁰⁰</u>	<u>25⁰⁰</u>
		Subtotal	<u>1800⁰⁰</u>
		Sales Tax	<u>79²⁰</u>
		Estimated Total	<u>1879⁸⁰</u>

Remarks: Hooked onto casing and Establish circulation
Pump 6-RR1 Prem Gel Flush Followed By 15 RR1 Pad
and start cement pump 6.3 Sacks of cement. Stop
and Flush pump then pump wiper plug to bottom and
shut in 200 PSI

Customer Signature _____