



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210951
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: _____

1210951

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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Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	3/13/2014
Date Completed	3/19/2014

Operator	A.P.I #	County	State
L R Energy Inc.	15-125-32402-00-00	Montgomery	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
12M-30	Gartner	30	32	14E

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Billy Thornton	4	21'1" 8 5/8	1022	6 3/4

Formation Record

0-6	DIRT	680-722	SHALE		
6-21	CLAY	722-723	COAL		
21-83	SHALE	723-734	SHALE		
83-90	LIME	734-754	LIME		
90-157	SHALE	754-793	SANDY SHALE		
157-160	BLACK SHALE	793-805	LIME		
160-164	LIME	805-813	BLACK SHALE		
164-171	SHALE	813-824	LIME		
171-200	SAND / DAMP	824-834	SANDY SHALE		
211	WENT TO WATER	834-837	SAND		
20-385	SHALE	837-848	SHALE		
385-390	BLACK SHALE	848-855	SANDY SHALE		
390-398	LIME	855-859	SAND		
398-408	SAND	859-865	SAND / OIL ODOR		
408-426	SANDY SHALE	865-880	SANDY SHALE /NO ODOR		
426-438	SHALE	880-889	SAND/ OIL ODOR & SHOW		
438-454	SAND	889-894	SANDY SHALE/ LT ODOR		
454-459	LIME	894-890	SAND/ GOOD ODOR		
459-471	SANDY SHALE	890-939	SHALE		
471-485	SAND	939-941	BLACK SHALE		
485-542	LIME	941-963	LIME (PAWNEE)		
542-544	SHALE	963-967	BLACK SHALE		
544-545	COAL	967-1022	SHALE		
545-550	SHALE	1022	TD		
550-571	SANDY SHALE				
571-600	SAND				
600-643	SHALE				
643-648	LIME				
648-672	SHALE				
672-680	LMY SHALE				

MORNING COMPLETION REPORT

Report Called in by: MUGGER

Report taken by: _____

LEASE NAME & #	AFE#	DATE	DAYS	CIBP	PBTD:
GARTNER 12M-30		3/13/2014	1	DEPTH	TYPE FLUID
PRESENT OPERATION: DRILL OUT FROM UNDER SURFACE					WT
					VIS
DEEPEST CASING OD SHOE DEPTH	LINERS OD TOP & SHOE DEP	REPAIR DOWN TIME HRS	CONTRACTOR MOKAT		
			RIG NO		
		TEST PERFS			
PACKER OR ANCHOR	FISHING T OD ID	TEST PERFS			
		TO			
		TO			
		TO			

HRS	BRIEF DESCRIPTION OF OPERATION
	Move from Gartner 12F-30 to 12M-30
	MIRU THORNTON DRILLING, DRILLED 11" HOLE, 21.8' DEEP, RIH W/1 JT 8 5/8" SURFACE CASING,
	MIXED 4 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN.
	Field very soft 1 dozer to move rig and equipment to location.

DAILY COST ANALYSIS

RIG	<u>700</u>
SUPERVISION	<u> </u>
RENTALS	<u> </u>
SERVICES	<u>1350</u>
MISC	<u>410</u>

DETAILS OF RENTALS, SERVICES, & MISC

DRILLING	700
CEMENT	60
DIRTWORKS (LOC,RD, PIT,Dozer)	2500
SURFACE CASING	350
LAND/ LEGAL	
water truck	350

DAILY TOTALS 2460 PREVIOUS TCTD 0 TCTD 2460

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1191**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-26-14	10419	GARTNER 12-M				MG	Ks
Customer			Unit #	Driver	Unit #	Driver	
LR Energy			102	CHRIS B.			
Mailing Address			111	ALAN M.			
5602 CR 2700			141	RUDY M.			
City	State	Zip Code					
EIK CITY	Ks	67344					

Job Type Longstring Hole Depth 1024' Slurry Vol. 36 BBL Tubing _____
 Casing Depth 1010' Hole Size 6 3/4" Slurry Wt. 13.7 # Drill Pipe _____
 Casing Size & Wt. 4 1/2" Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 16.5 BBL Displacement PSI 500 Bump Plug to 1000 BPM _____

Remarks: SAFETY Meeting: Rig up to 4 1/2 casing. BREAK CIRCULATION w/ 20 BBL FRESH WATER. Pump 10 SKS (500*) GEL Flush, 10 BBL WATER SPACER, MIXED 110 SKS THICK SET CEMENT w/ 5" KOL-SEAL /SK, 1" PHENOSEAL /SK @ 13.7 #/GAL, YIELD 1.85 = 36 BBL SLURRY. WASH OUT PUMP & LINES. SHUT DOWN. RELEASE PLUG. Displace Plug to SEAT w/ 16.5 BBL FRESH WATER. FINAL Pumping Pressure 500 PSI. Bump Plug to 1000 PSI. WAIT 2 MINUTES. Release Pressure. FLOAT Held. Shut in @ 0 PSI. Good Cement RETURNS to SURFACE = 6 BBL SLURRY to Pt. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	0	Mileage 2 nd well of 4	0	N/C
C 201	110 SKS	THICK SET Cement	19.50	2145.00
C 207	550 *	KOL-SEAL 5" /SK	.45 #	247.50
C 208	110 *	PHENOSEAL 1" /SK	1.25 #	137.50
C 206	500 *	GEL Flush	.20 #	100.00
C 108B	6.05 Tons	Ton Mileage 50 miles	1.35	408.38
C 113	3 HRS	80 BBL VAC TRUCK	85.00	255.00
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
<u>THANK YOU</u>			Sub TOTAL	
<u>M</u>			Sales Tax	
6.15%				

Authorization Called By Mike Taylor Title _____ Total _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.