



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212447
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: _____

1212447

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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Form	ACO1 - Well Completion
Operator	White & Ellis Drilling, Inc.
Well Name	Chain Ranch C 1
Doc ID	1212447

All Electric Logs Run

DIL
MEL
PO
Sonic

Customer White & Ell. Drilling	Lease No.	Date 4-25-2014	
Lease Chsn Ranch C	Well # 1		
Field Order # 10109	Station Pistons	Casing 8 5/8	Depth 352
Type Job CNW/SURFACE	Formation TD-1700	County Barber	State KS
		Legal Description 2-31-12	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 5/8						150		
Depth 352	Depth	From	To	Pre Pad 250-6. Cement	Max		5 Min.	
Volume 2000	Volume	From	To	Pad 2900 1/4 C.F.	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 310	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Randy Smith	Station Manager Kevin Gardner	Treater D Franklin		
Service Units 27283	19885	19843	19960	21010
Driver Names Darin	Scott	Scott	Josh	Josh

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:30 AM					On location / Safety meeting
					Run 8 joints 8 5/8 - 377
					LS 17 8044 852
0715	100		3	4	Dump 3 bbls WS lay sheet
			53		Mix 2505 Common Cement, 290cc
					1.25# Cellulose, 15.6 pps, 5.27 wgl, R
					1.20 Slurry Yield
0730					Shut down
					Release plug
				4	Start displacement
0745	150		20-		Bump plug
					Shut in
					Mix 5 Bbls Mort = 24 ski
					Job completion / Drilling crew
					Thank you!!!

Customer <i>White & Ellis Drilling Inc</i>	Lease No.	Date <i>4-30-2014</i>
Lease <i>Chain Ranch C</i>	Well # <i>1</i>	
Field Order # <i>10413</i>	Station <i>Pratt #165</i>	Casing <i>5 1/2</i>
		Depth <i>4768</i>
Type Job <i>CNW / Long Spring</i>	Formation <i>TD-</i>	County <i>Berber</i>
		State <i>KS</i>
		Legal Description <i>2-31-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>4768</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>110 bbls</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4750</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>TJ Dixon</i>	Station Manager <i>Kevin Goramy</i>	Treater <i>Darin Franklin</i>
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Service Units <i>27283 33708 20920 70959 19918</i>								
Driver Names <i>Darin Ed Ed Darin Darin</i>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0700</i>					<i>On location / Safety meeting</i>
					<i>Run 4768' of 5 1/2 17# casing</i>
					<i>BSSKEL Bottom of #3</i>
					<i>Turbolizers #4, 5, 6, 8, 11, 12, 14, 17, 18, 20</i>
	<i>100</i>		<i>12</i>	<i>5</i>	<i>PUMP 12 bbls mud flush</i>
	<i>100</i>		<i>485</i>	<i>5</i>	<i>PUMP 5 bbls water</i>
	<i>100</i>		<i>6</i>		<i>PUMP 25% sequencer</i>
	<i>100</i>		<i>48</i>		<i>PUMP 200 SPS AA2, .5% C-15, .3% C-37</i>
					<i>.75% C-44, 5% Gypsum, 10% SSCII, SA 6150</i>
					<i>15.3 PPG, 549 water, 1.36 Vella</i>
					<i>Shut down / Wash lines</i>
					<i>Drop plug</i>
	<i>100</i>			<i>5</i>	<i>Displace with water</i>
	<i>500</i>		<i>70</i>	<i>5</i>	<i>Li+ Pressure</i>
	<i>800</i>		<i>100</i>	<i>3</i>	<i>Slow Rate</i>
	<i>1800</i>		<i>104 1/2</i>	<i>3</i>	<i>Bump plug - Hold</i>
					<i>Release</i>
	<i>100</i>		<i>5</i>	<i>3</i>	<i>Plus Rate hold</i>
	<i>100</i>		<i>7</i>	<i>3</i>	<i>Plus Rate hold</i>
					<i>Job complete / Darin & crew</i>
					<i>Thank you!!!</i>

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	6/3/2014
County:	Barber
API Number (14 Digits):	15-007-24162-00-00
Operator Name:	White and Ellis Drilling
Well Name and Number:	Chain Ranch C-1
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil and Gas
True Vertical Depth (TVD):	4700
Total Base Fluid Volume (gal)*:	368800

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25%	0.0200457%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10%	0.0025217%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50%	0.0126085%	
Claymax	Chemplex	Clay Stabilizer	No hazardous ingredient	N/A	0%	0.0000000%	
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	5%	0.0002500%	
Plexcide B7	Chemplex	Biocide	Alkaline Bromide Salts	N/A	0%	0.0000000%	
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0014085%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.8500000%	
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60%	1.0200000%	
Frac Sand	Uniman	Propant	Crystalline Silica in the form of Quartz	14808-60-7	60%	23.0%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Hydrocarbons	68476-34-6	100%	0.5000000%	
Plexgel Breaker 10L	Chemplex	Breaker/Gel	No Hazardous Ingredient	N/A	0%	0.0000000%	

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).