



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213642
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: _____

1213642

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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Company/Operator C&S Oil 1607 Main St Neosho Falls, KS 66758		Well No. 28	Lease Name Yoho	Well Location 3235's, 1520'e		1/4 NE	1/4 SE	1/4 SW	Sec. 26	Twp. 23	Rge, 16E
Job/Project Name/No.		Well API # 15-207-28883	Type/Well Oil	County Woodson		State KS	Total Depth 988	Date Started 4/22/2014	Date Completed 4/23/2014		
Driller/Crew Andy King		Surface Record		Coring Record							
		Bit Size: 11 1/4	Type PDC	Size 11 1/4	From 0'	To 40'	Core #	Size	From	To	% Rec.
		Casing Size: 7.5"	Type PDC	Size 5 7/8"	From 44'	To 988					
		Casing Length: 44'									
		Cement Used: 10sx									
		Cement Type: Portland									

From	To	Formation	From	To	Formation	From	To	Formation
0	41	overburden	912	915	lime			
41	108	shale	915	918	mulkey			
108	164	lime	918	926	oil sand			
164	239	shale	926	965	shale			
239	358	lime	965	967	lime			
358	400	shale	967	969	Broken oil sand			
400	415	lime	969	988	shale			
415	437	shale						
437	504	lime						
504	516	shale						
516	532	lime						
532	535	shale						
535	558	lime						
558	751	shale						
751	780	lime						
780	818	shale						
818	822	lime						
822	823	shale						
823	851	lime						
851	875	shale						
875	887	lime						
887	896	shale						
896	905	lime						
905	912	shale						

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



Ticket Number 100391
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4-23-14		Yoho # 28	26-23-16E	Woodson
Customer C & S Oil		Mailing Address	City	State Zip

Job Type: Longstring	Truck #	Driver
Hole Size: 5 7/8"	201	Jerry
Hole Depth:	202	Bryan
Bridge Plug:	105	Charlie
Packer:	106	David
Casing Size: 5 1/2 Bbls.		
Casing Weight:		
Tubing: 2 7/8"		
PBTD: 977'		
Displacement PSI: 550		
Cement Left in Casing: 0'		

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Truck in field	\$3.25/Mile	n/c
122 SACKS	Thick Set cement	18.60	2269.20
200 lbs.	Gel - Flush Ahead	.30	60.00
3 Hrs.	Water Truck #106	84.00	252.00
3 Hrs.	Water Truck #105	84.00	252.00
	Disposal Fee - 60 Bbls.		18.00
30 miles	Truck #11	1.50	45.00
	Wireline Services	50.00	n/c
6.71 Tons	Bulk Truck / minimum charge	1.30	300.00
2	Plugs 2 7/8" Top Rubber Plugs	25.00	50.00
		Subtotal	4036.20
		7.52 Sales Tax	170.11
		Estimated Total	4206.31

Remarks: Rig up to 2 7/8" Tubing - Tased float shoe at 977' by wireline. Break circulation with fresh water. Pumped 10 Bbl. Gel Flush, circulated Gel around to condition hole. Mixed 122 Sks Thick Set cement shut down - wash out pump & lines - Release 2 Top Rubber Plugs, Displaced Plugs with 5 1/2 Bbls water. Final Pumping @ 550 PSI; Bumped Plugs to 1000 PSI, closed Tubing in with 1000 PSI. Good cement returns with 5 Bbl. slurry

"Thank you"

witnessed by Bob
 Customer Signature



HURRICANE SERVICES INC
OILFIELD SERVICES
MADISON, KANSAS

Hurricane Services, Inc.
3613 A Y Road
Madison, KS 66860
620-437-2661

Ticket Number 1239
Location _____
Foreman [Signature] #17

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/8/14		YOUTH #20		WES
Customer		Mailing Address	City	State Zip
C&S OR				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 977	303/320	DANNY		
Casing Weight	Plug Depth	145/311	DAVID		
Tubing Size	Packer Depth	144/150	ERIC		
Tubing Weight	Open Hole	140/157	ERIC		
Perfs 920-20			JEFF		
Break PSI	Max PSI		CHARLIE		
Treat PSI	ISIP				

Quantity	Acid	Additives Used	Charge	
1		Pump Charge		975 ⁰⁰
1000	15%	Acid with inhibitor		195 ⁰⁰
1/2		NE-320		11 ⁹⁵
		FSW-4100		
		Iron Stay		
		Clay Stay		
4		KCL		105 ²⁰
2		Biocide		76 ⁰⁰
5	SP-902	Gel		225 ⁰⁰
1/4	LEB	Breaker		40 ⁵⁰
		Ball Sealers		
		Ball Gun		
9	303	Pump truck Mileage		29 ²⁵
		Acid Transport		
1	310	Acid Spotter		300 ⁰⁰
1	145/311	Sand Truck		200 ⁰⁰
9	17	Pickup Mileage		13 ⁵⁰
		80 Vac		
2	144/148	Transport		420 ⁰⁰
10		20/40 Sand		300 ⁰⁰
30		12/20 Sand		960 ⁰⁰
2		SR-445		54 ²⁰
			*BOD	
			Total	3905 ⁰⁰

Remarks: RSG WP SPOT 100 GAL. LOWE CK. LOAD & BREAK 900, EST RATE 100PM. PUMP 10 BBL PAD. STAGE 10SKS 20/40 & 30SKS 12/20 PSI 650 - 850 FLUSH 10 BBL OVER ISIP 550 130 GEL TOTAL.

Customer Signature