



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215347
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: _____

1215347

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

268422

TICKET NUMBER 47254
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-22-14	4448	Joeckel KB-13	SW 13	17	22	Mi

CUSTOMER
Kansas Resources E+D
MAILING ADDRESS
9393 W 110th
CITY
Overland Park STATE
KS ZIP CODE
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mader	Safety	Meed
495	Ke Car		
369	Mikhaag		
503	Jas R. L		

JOB TYPE long string HOLE SIZE _____ HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 535.15 DRILL PIPE _____ TUBING _____ OTHER bf 503.20
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT, in CASING yes
DISPLACEMENT 2.93 DISPLACEMENT PSI _____ MIX PSI _____ RATE 41 bpm

REMARKS: Held meeting. Established rate down drill steel and tubing at hole TD. Mixed & pumped 35 sk 50150 cement plus 2% gel & 1/2" Phenol seal to plug back well to 540'. Pulled drill steel out, leaving 535.15' 2 7/8 casing in well. Mixed and pumped 76 sk cement down casing. Circulated cement. Flashed pump. Pumped plug to baffle. Well held 800 PSI. Set that.

Erans, Mitchell

Alan Mader

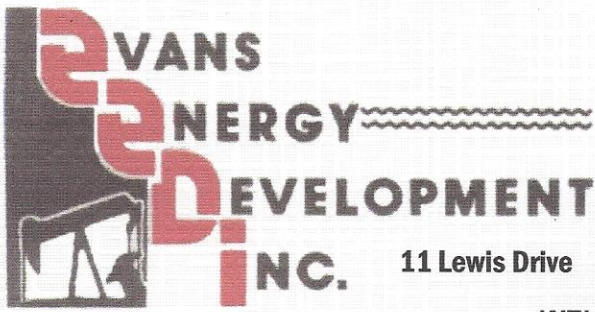
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00 ✓
5406	25	MILEAGE	495	105.00 ✓
5402	535.15	casing footage	495	— ✓
5407	1/2 min	ton miles	503	184.00 ✓
5502C	2	80 vac	369	200.00 ✓
1124	111	50150 cement	1276.50	✓
3118B	186#	gel	40.92	✓
1107A	56#	Phenol seal	75.60	✓
		material sub	1393.02	✓
		less 30% -	417.91	✓
		material total	975.11	✓
4402	1	2 1/2 plug	29.50	✓
			3105.34	✓
		SALES TAX	76.85	✓
		ESTIMATED TOTAL	2655.46	✓

completed

Havein 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's joint records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC

Joeckel #KR-13

API # 15-121-30,061

May 21 - May 22, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
1	soil & clay	25
3	broken lime	4
7	lime	11
110	shale	121
21	lime	142
27	shale	169
5	lime	174
26	shale	200
13	lime	213
13	shale	226
4	lime	230
4	shale	234
16	lime	250
7	shale	257
23	lime	280
3	shale	283
3	lime	286
1	shale	287
12	lime	299 base of the Kansas City
32	shale	331
3	sand	334 green (gassy)
111	shale	445
5	limey sand	450 brown & white, few thin shale seams ok bleeding
5	limey sand	455 brown good bleeding
17	oil sand	472 brown soft very good bleeding
1	black sand	473 ok oil show
3	lime/sand	476 limey sand/black sand ok oil show
3	limey sand	479 white, minimal oil show
14	shale	493
5	lime	498
10	shale	508
2	lime	510
15	shale	525
5	lime	530
18	shale	548
2	lime	550
15	shale	565
1	lime	566
21	shale	587
3	lime	590

32	shale	622
15	silty shale	637
12	brown sand	649 light brown & grey sand, no oil
27	broken sand	676 light brown & grey, light odor, makes water
6	sand	682 light brown, no oil
1	coal	683
10	shale	693
1	lime	694
5	shale	699
1	coal	700
12	shale	712
10	silty shale	722
6	broken sand	728 25% sand 75% grey shale laminated, fair bleeding
2	silty shale	730
1	broken sand	731 50% sand 50% shale ok bleeding
3	shale	734
1	coal	735
5	shale	740 TD

Drilled a 9 7/8" hole to 20'

Drilled a 5 5/8" hole to 740'

Set 20' of 7" surface casing threaded and coupled cemented with 6 sacks of cement

Set 535.15' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 31.95' from bottom of tally.