



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215365
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
-----------------------------------	-----------------	---

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: _____

1215365

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)*

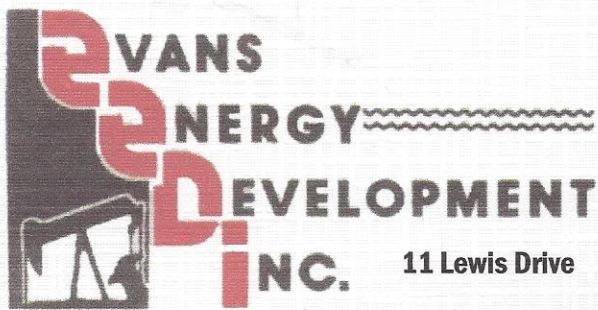
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



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 #KRI-38

API # 15-121-30,337

May 12 - May 13, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
76	shale	92
23	lime	115 makes water
12	shale	127
5	lime	132
34	shale	166
13	lime	179
13	shale	192
27	lime	219
7	shale	226
19	lime	245
3	shale	248
4	lime	252
1	shale	253
13	lime	266 base of the Kansas City
142	shale	408
10	broken sand	418 light brown and shale ok bleeding
3	broken sand	421 hard limey sand & brown sand, light bleeding
6	limey sand	427 brown, good bleeding
6	oil sand	433 brown very good bleeding good saturation
3	lime	436
15	shale	451
6	lime	457 oil show, no porosity
1	shale	458
7	lime	465 some porosity, good bleeding
7	lime	472 no show
21	shale	493
7	lime	500
16	shale	516
2	lime	518
5	shale	523
1	coal	524
9	shale	533
3	lime	536
48	shale	584
2	coal	586
11	shale	597
15	silty shale	612
7	broken sand	619 light brown sand & shale, minimal bleeding
29	sand	648 no show, light brown
1	coal	649

15	shale	664
3	broken sand	667 15% sand 85% shale, light bleeding
12	silty shale	679
3	broken sand	682 30% sand 70% shale, ok bleeding
2	silty shale	684
12	oil sand	696 brown sand, good bleeding few very thin shale seams
3	lime/sand/shale	699 hard, ok oil show
3	shale	702
2	coal	704
56	shale	760 TD

Drilled a 9 7/8" hole to 20.1'

Drilled a 5 5/8" hole to 760'

Set 20.1' of 7" surface casing cemented with 5 sacks of cement

Set 753.9' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 31.55' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
685	1	3
686		41
687		38
688		40
689		44
690		29
691		32
692		30
693		26
694		29
695		34
696		53
697		55
698		50
699		39
700		49
701		44
702		24
703		37
704		29



CONSOLIDATED
Oil Well Services, LLC

268169

TICKET NUMBER 47149

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
5-13-14	4448	Jordale 1 KR I-38	SW 13	17	22	Mi

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources E+D	730	Ala Mad	Safety	Meet
	368	Al Mad		
	370	Jaskic		
	503	Kei Car		

MAILING ADDRESS: 9393 W 110th
CITY: Overland Park KS ZIP CODE: 66210

JOB TYPE: long string HOLE SIZE: 5 7/8 HOLE DEPTH: 760 CASING SIZE & WEIGHT: 2 7/8
CASING DEPTH: 753.90 DRILL PIPE: _____ TUBING: _____ OTHER: 6 1/2 722.35
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: YES
DISPLACEMENT: 4.2 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 100 sk 50/50 cement plus 2% gel & 1/2# Phenoseal per sack. Circulated cement. Flashed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Evans, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	1050.00 ✓
5402	753.90	Casing footage	368	✓
5407	1/2 mi	ton miles	503	184.00 ✓
5502C	1 1/2	80 vac	370	150.00 ✓
1124	100	50/50 cement	1150.00	✓
118B	268 #	gel	58.96	✓
1107A	50 #	Pheno seal	67.50	✓
		Material sub	1276.46	
		less 30%	-382.94	✓
		Material total		893.52
4402	1	2 1/2 plug		29.50 ✓
				2929.87
			SALES TAX	70.62 ✓
			ESTIMATED TOTAL	2517.64 ✓

completed

Ravin 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 account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form