



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215373
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: _____

1215373

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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CONSOLIDATED
Oil Well Services, LLC

268388

TICKET NUMBER 47247
LOCATION Ottawa
FOREMAN Alan Madec

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
5.20.14	4448	Harrison KR-1	NE 6	17	20	M:

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources E&D	230	Alan Madec	Safety	Meat
	368	Alan Madec		
	369	Mik Mac		
	523	Kei Car		

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

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 781 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 763.4 DRILL PIPE _____ TUBING _____ OTHER 735.2 bf
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT, in CASING yes
 DISPLACEMENT 4.27 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meetings. Established rate. Mixed + pumped 100# gel followed by 107 sk 50/150 cement plus 2 3/4 gal + 1/2# Phenoseal per sk. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Utah, Waylon

Alan Madec

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	25	MILEAGE	368	105.00
5402	763.4	casing footage	368	368.00
5407	mi	ten miles	303	150.00
55026	1 1/2	80 var	369	
1124	107	50/150 cement	1230.50	
1118B	280#	gel	61.60	
1107A	54#	Phenoseal	72.90	
		material sub	1365.00	
		less 30%	-409.50	
		material total		955.50
4402	1	2 1/2 plug		29.50
			3209.18	
			SALES TAX	75.35
			ESTIMATED TOTAL	2768.35

completed

AUTHORIZATION Alan 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 for

LEASE NAME Harbison

OPERATOR Utah Oil

START DATE: 5/19/14

WELL # KA-1

LOCATION: Miam

API = 15-121-3055

SURFACE PIPE: 7"

Ft 20.95'

Cement(=bags) 5

PRODUCTION: used

PIPE: 2 7/8

SIZE: =FT 763.40

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
7	Soil/Clay		7	10	Lime		305
8	Lime		15	1	Shale		306
10	Shale		25	2	Lime		308
15	Lime		40	1	Shale		309
11	Shale		51	1	Lime		310
2	Sand	No Oil Show	53	1	Shale		311
10	Shale		63	2	Coal		313
14	Lime		77	24	Lime		337
19	Shale		96	5	Shale		342
1	Lime		97	7	Lime		349
7	Sand		104	1	Shale		350
72	Shale		176	7	Lime		357
1	Lime		177	4	Shale		361
1	Shale		178	1	Lime		362
13	Lime		191	6	Shale		368
1	Shale		192	1	Lime	KC	369
5	Lime		197	16	Shale		385
15	Shale		211	4	Sand	No Oil Show	389
1	Lime		214	73	Shale		462
5	Shale		219	6	Sand	No Oil Show	468
2	Lime		221	56	Shale		524
7	Shale		228	7	Lime		531
2	Lime		230	5	Shale		536
2	Shale		232	2	Lime		538
5	Lime		237	27	Shale		565
5	Coal		242	6	Lime		571
5	Shale		247	14	Shale		585
18	Lime		265	2	Lime		587
1	Shale		266	6	Shale		593
2	Lime		268	4	Lime		597
15	Shale		283	4	Shale		601
2	Lime		285	3	Lime		604
3	Shale		288	1	Shale		605
5	Lime		293	4	Lime		609
2	Shale		295	3	Shale		612

