



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215379
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: _____

1215379

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: _____ _____
--	---	---



CONSOLIDATED
Oil Well Services, LLC

268423

TICKET NUMBER 47255
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	Harbison KRI-9	NE 6	17	20	Mi.	
CUSTOMER Kansas Resources E&D			TRUCK #				
MAILING ADDRESS 9393 W 110 th			730	Alan Mader	Safety	Meet	
CITY Overland Park			495	Kei Cgr			
STATE KS			369	Mik Hgr			
ZIP CODE 66210			523	Jas Ric			
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	781	CASING SIZE & WEIGHT	2 3/8
CASING DEPTH	759.30	DRILL PIPE		TUBING		OTHER	727.65 6P
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT		DISPLACEMENT PSI	800	MIX PSI	200	RATE	46 pm
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 103 sk 50/50 cement plus 2% gel & 1/2 phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.							

Ottawa, Wrayton

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085	1085
5426	5	MILEAGE from Joeckel	495	2475
5422	759.30	casing footage	495	376057.50
5407	1/2 min	ten miles	523	261.50
5502L	1/2	82 vac	369	184.50
1124	103	50/50 cement	1184.50	122003.50
1118B	273 #	gel	60.06	16406.42
1107A	52 #	phenoseal	70.20	3650.40
		Material sub	1314.76	1314.76
		less 30% - 394.43		920.33
		Material total		2950.33
4402	1	2 1/2 plug		2950.33
				2887.09
			SALES TAX	72.66
			ESTIMATED TOTAL	2959.75

completed

Ravin 3737

no company rep

AUTHORIZATION Jim Ok'd

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.

LEASE NAME Harbison OPERATOR Utah O:1
 WELL = KRI-9 LOCATION: Miami
 SURFACE PIPE: 7" Ft 20' Cement(=bags) 5
 PRODUCTION: Used PIPE: 2 7/8 SIZE: 759X0 =FT

START DATE: 5-21-14
 API = 15-R1-29915

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
7	Soil		7	1	Lime		311
1	Lime		8	6	Coal		317
3	Shale		11	20	Lime		337
4	Lime		15	7	Shale		344
8	Shale		23	2	Lime		346
15	Lime		38	5	Shale		351
12	Shale		50	6	Lime		357
3	Sand	No O:1 Show	53	5	Shale		362
11	Shale		64	1	Lime	KC	363
13	Lime		77	98	Shale		461
24	Shale		101	8	Sand	No O:1 Show	469
3	Sand	No Oil Show	104	54	Shale		523
70	Shale		174	7	Lime		530
2	Lime		176	7	Shale		537
1	Shale		177	1	Lime		538
16	Lime		193	25	Shale		563
26	Shale		219	8	Lime		571
2	Lime		221	14	Shale		585
5	Shale		226	3	Lime		588
3	Lime		229	5	Shale		593
2	Shale		231	3	Lime		596
5	Lime		236	3	Shale		599
7	Shale		243	8	Lime		607
1	Coal		244	11	Shale		618
10	Shale		254	1	Lime		619
11	Lime		265	1	Shale		620
1	Shale		266	5	Lime		625
3	Lime		269	18	Shale		643
15	Shale		284	2	Lime		645
10	Lime		294	7	Shale		652
1	Shale		295	2	Shale	Broken Sand 40% bited	654
11	Lime		306	1	Sand	Good Bleed core part	655
1	Shale		327	7.75	Sand	Solid Good Bleed	662.75
2	Lime		309	.25	Lime	Small Lime Break	663
1	Shale		310	3	Sand	Solid Good Bleed	666

