



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216157
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: _____

1216157

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

267492

TICKET NUMBER 47058

LOCATION Ottawa KS

FOREMAN Fred 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
4-17-14	4448	Harbison # KR-21	NE 6	17	22	MI

CUSTOMER
Kansas Resources Expl & Dev

MAILING ADDRESS
9393 W 110th St

CITY Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Frc Mad		
495	Har Bac		
369	Der Mas		
548	Mik Ha		

JOB TYPE Log string HOLE SIZE 5 7/8 HOLE DEPTH 790 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 774.75 DRILL PIPE Baffle TUBING 743' 85 OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' Plug

DISPLACEMENT 4.32 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Crew Safety meeting. Establish circulation. Mix + Pump 100* Gal Flush. Mix + Pump 120 sks 50/50 Por Mix Cement 2% Gel 1/2" Phen Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Utah Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495 700	1085 ⁰⁰
5406	10 mi	MILEAGE	495	42 ⁰⁰
5402	774.75	Casing footage		N/C
5407	Minimum	Ten Miles	548	368 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	369	150 ⁰⁰
1124	120 sks	50/50 Por Mix Cement	1380 ⁰⁰	
1118B	302#	Premium Gel	66 ⁴⁴	
1107A	60#	Pheno Seal	81 ⁰⁰	
		Material	1527 ⁴⁴	
		less 30%	-458 ²³	
		Total Material		1069 ²⁹
4402	1	2 1/2" Rubber Plug		29
			3321.05	
			65%	
			SALES TAX	84
			ESTIMATED	
			TOTAL	282



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

LEASE NAME: Harbison OPERATOR: KRED START DATE: 7 Apr 14
 WELL #: KR 21 LOCATION: Miami County API #:
 SURFACE PIPE: 7" Ft 80'0 Cement (#bags) 5
 PRODUCTION: PIPE: used SIZE: 2 1/8 =FT 774.75

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
13	Soil		13	2	Shale		381
17	Lime		30	2	Lime		382
4	Shale		34	8	Shale		390
1	Lime		35	1	Lime	KC Base	391
11	Shale		46	57	Shale		468
3	Sand		49	3	Broken Sand	Light Smell/Bleed	471
11	Shale		61	46	Shale		517
14	Lime		75	3	Lime		520
95	Shale		170	2	Shale		522
1	Lime		171	8	Lime		530
1	Shale		172	8	Shale		538
16	Lime		188	2	Lime		540
13	Shale		201	26	Shale		566
2	Lime		203	5	Lime		571
13	Shale		216	3	Shale		574
4	Lime		220	2	Lime		576
10	Shale		230	10	Shale		586
1	Lime		231	4	Lime		590
23	Shale		254	6	Shale	Some Coal	596
11	Lime		265	10	Lime		606
1	Shale		266	12	Shale		618
1	Lime		267	6	Lime		624
17	Shale		284	4	Shale	coal	628
11	Lime		295	1	Lime		629
1	Shale		296	9	Shale		638
14	Lime		310	1	Lime		639
7	Shale		317	3	Shale		640
21	Lime		338	4	whit Shale		646
2	Coal		340	8	Shale		654
3	Coal		343	3	Broken Sand	Smell/Bleed	657
7	Lime		350	1	oil Sand	Core Point	658
3	Shale		353	2	Broken	good bleed	660
5	Lime		358	5	oil Sand	good bleed	665
20	Shale		378	2	gray sand		667
1	Lime		379	3	Broken Sand		670

