



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214319
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: _____

1214319

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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Anderson County, KS
Well: Zastrow 23 I-HP
Lease Owner: Haas Petro

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
05/29/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
16	soil/clay	16
25	shale	41
28	lime	69
15	shale	84
2	lime	86
3	shale and lime	89
48	shale	137
11	lime	148
7	shale	155
37	lime	192
7	shale	198
22	lime	220
3	shale	223
24	lime	247
3	shale	250
3	lime	253
9	sandy shale	262
15	shale	277
4	sandy shale	281
6	sandy shale	287
3	shale	290
7	sandy shale	297
16	sandy shale	313
65	shale	378
7	sand	385
5	sandy shale	390
24	shale	414
2	lime	416
5	shale	421
2	lime	423
5	shale	428
9	lime	437
8	shale	445
12	sandy shale	457
10	shale	467
1	coal	468
11	sandy shale	479
8	shale	487
8	lime	495
5	shale	500

Zastrow Farm: Anderson County

KS State; Well No. 235-110

Elevation 944 Feet

Commenced Spuding 5-29 20 14

Finished Drilling 6-3 20 14

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holcom

Tool Dresser's Name John Lehse

Tool Dresser's Name _____

Contractor's Name TOS

14 20 20

(Section) (Township) (Range)

Distance from N line, 1040 ft.

Distance from E line, 40 ft.

3-Sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

6 7/8 Set 20' 6 7/8" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8 Set 76.1 ²⁵ 2" Pulled _____

780 TO

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CONSOLIDATED
Oil Well Services, LLC

268695

TICKET NUMBER 47299

LOCATION Atawa, KS

FOREMAN Coey, Kennedy

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
6/4/14	3451	Zastrow # 23IHP	NE 14	20	20	AW
CUSTOMER <u>Haas Petroleum</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>11551 Ash St Suite 205</u>			<u>729 Casken ✓ Safety/Loading</u>			
CITY STATE ZIP CODE <u>Lawood KS 66621</u>			<u>6666 Gar Moo ✓</u>			
			<u>570 Ar McD ✓</u>			
			<u>370 Kei Det ✓</u>			

JOB TYPE Longstring HOLE SIZE 5 5/8" HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 761' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.40 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held solid, waiting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped @ 101 SKS 5% Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.40 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MTT, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	on lease	MILEAGE		_____ ✓
5402	761'	casing footage		_____ ✓
5407	1/2 minimum	top mileage		184.00 ✓
5502c	1.5 hrs	80 vac		150.00 ✓
1124	101 sks	5% Pozmix cement	1161.50	✓
1118B	370 #	Premium Gel	81.40	✓
		materials	1242.90	✓
		30%	372.87	✓
		subtotal		870.03 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
				2788.74
				SALES TAX 68.82 ✓
				ESTIMATED TOTAL 2887.35 ✓

completed

Revin 3737

AUTHORIZATION Obed Ramrod 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.