



Confidentiality Requested:

Yes No

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: _____

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: Yes No

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> _____				
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License #	35069	API #	15-121-30449-00-00		
Operator	Kansas City Oil, LLC	Lease Name	KU		
Address	9525 Lime Stone Road	Well #	14		
City	Parkville, MO 64152	Spud Date	6/3/2014		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 23	T 18	R 22
T.D.	440		330 feet from	S	line
T.D. of pipe	417		930 feet from	W	line
Surface pipe size	7"	County	Miami		
Surface pipe depth	20'				
Well Type	Injection				

Driller's Log

Thickness	Strata	From	To
10	dirt	0	10
21	lime	10	31
27	shale	31	58
6	lime	58	64
40	shale	64	104
11	lime	104	115
9	shale	115	124
31	lime	124	155
5	shale	155	160
25	lime	160	185
3	shale	185	188
15	lime	188	203
140	shale	203	343
1	top sand	343	344
2	top sand	344	346
2	top sand	346	348
2	top sand	348	350
2	top sand	350	352
2	top sand	352	354
2	top sand	354	356
2	good	356	358
2	very good	358	360
3	end sand	360	363
17	lime	363	380
5	lime oil	380	385
45	shale	385	430
10	lime	430	440

ok

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100459
 Location _____
 Foreman Dwayne Lowe / Joe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6/4/14		KU Lease #14	23-18-22	Miami
Customer <u>Kansas City oil</u>		Mailing Address <u>9525 Limestone Rd</u>	City State <u>Parkville MO</u>	Zip <u>64152</u>

Job Type:	Truck #	Driver
<u>Long String</u>	<u>230</u>	<u>Tom/Alex</u>
Hole Size: <u>6 1/2"</u>	<u>242</u>	<u>Arms / Danny</u>
Hole Depth: <u>420</u>	<u>110</u>	<u>Scott</u>
Bridge Plug:	<u>111</u>	<u>TYlor</u>
Packer:	<u>25</u>	<u>Dwayne</u>

Quantity Or Units	Description of Services or Product	Pump charge	
<u>23 mi</u>	<u>Mileage Cement Pump 230</u>	<u>\$3.25/Mile</u>	<u>NC</u>
<u>23 mi</u>	<u>Forman P.U. 25</u>	<u>1.5 mi</u>	<u>NC</u>
<u>65 Sacks</u>	<u>60/40 Poz mix</u>	<u>12⁰⁰ SK</u>	<u>780⁰⁰</u> x
<u>112 Lbs</u>	<u>Prem Gel 2%</u>	<u>.30 Lb</u>	<u>33⁰⁰</u> x
<u>100 Lbs</u>	<u>Prem Gel Flush</u>	<u>.30 Lb</u>	<u>30⁰⁰</u> x
<u>14.25 Lbs</u>	<u>CElloFlake</u>	<u>2.15 Lb</u>	<u>34⁵⁴/₁₀₀</u> x
<u>4000 gal</u>	<u>Water</u>	<u>1.32 gal</u>	<u>52⁰⁰</u> x
<u>2 hr</u>	<u>Water TRuck 110</u>	<u>84⁰⁰ hr</u>	<u>168⁰⁰</u>
<u>2 hr</u>	<u>Water TRuck 111</u>	<u>84⁰⁰ hr</u>	<u>168⁰⁰</u>
<u>2.8 Tons</u>	<u>Bulk Truck Minimum Charge 242</u>	<u>\$1.15/Mile</u>	<u>300⁰⁰</u> :
<u>1</u>	<u>Plugs 2 1/2 Rubber Plug</u>	<u>25⁰⁰</u>	<u>25⁰⁰</u> x
		Subtotal	<u>2266⁵⁴</u>
		Sales Tax	<u>82⁶⁵</u>
		Estimated Total	<u>2349¹⁹</u>

Remarks: Hook onto casing and Establish circulation Pump 5 BBL gel Flush followed By 15 BBL Pad and Start Cement Pump 65 Sacks of Cement. Stop and Flush Pump then pump wiper Plug To Bottom and Shot In 800 PSI!

Customer Signature _____

Summary of Changes

Lease Name and Number: KU 14

API/Permit #: 15-121-30449-00-00

Doc ID: 1215625

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
CasingSettingDepthPD F_2	65	420
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1210667	../kcc/detail/operatorEditDetail.cfm?docID=1215625

Summary of Attachments

Lease Name and Number: KU 14

API: 15-121-30449-00-00

Doc ID: 1215625

Correction Number: 1

Attachment Name

Cement Ticket/Drillers Log



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210667
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

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Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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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: _____