

1216399

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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INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 143534

Invoice Date: May 26, 2014

Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:
Oil Producers, Inc. of KS 1710 Waterfront Parkway Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
OilPr	62988	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Great Bend	May 26, 2014	6/25/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Miner OWO #1		
30.00	CEMENT MATERIALS	Class A Common	17.90	537.00
20.00	CEMENT MATERIALS	Pozmix	9.35	187.00
2.00	CEMENT MATERIALS	Gel	23.40	46.80
125.00	CEMENT MATERIALS	ASC	20.90	2,612.50
625.00	CEMENT MATERIALS	Kol Seal	0.98	612.50
35.00	CEMENT MATERIALS	FL-160	18.90	661.50
16.00	CEMENT MATERIALS	Defoamer	9.80	156.80
500.00	CEMENT MATERIALS	DV 1100	1.27	635.00
10.00	CEMENT MATERIALS	KCL	34.40	344.00
216.24	CEMENT SERVICE	Cubic Feet Charge	2.48	536.28
134.61	CEMENT SERVICE	Ton Mileage Charge	2.60	349.99
1.00	CEMENT SERVICE	Production Casing	2,765.75	2,765.75
10.00	CEMENT SERVICE	Pump Truck Mileage	7.70	77.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
10.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	44.00
1.00	EQUIPMENT SALES	4-1/2 AFU Float Shoe	425.00	425.00
1.00	EQUIPMENT SALES	4-1/2 Latch Down Plug	272.00	272.00
6.00	EQUIPMENT SALES	4-1/2 Turbolizer	90.00	540.00
2.00	EQUIPMENT SALES	4-1/2 Basket	315.00	630.00
1.00	EQUIPMENT SALES	4-1/2 Port Collar	3,250.00	3,250.00

ENTERED

JUN 12 2014

100
900-34
Cement 4 1/2" OS

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ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1,968.22

ONLY IF PAID ON OR BEFORE
Jun 25, 2014

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued