



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217408
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: _____

1217408

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---



CONSOLIDATED
Oil Well Services, LLC

264957

TICKET NUMBER 44930
LOCATION Atchafalaya, LA
FOREMAN Casey Kennedy

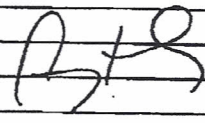
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/19/13	7818	Eggers # N-11	SW 7	26	17	W0
CUSTOMER Three Way Oil Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 1000			729	Casey Ken	✓ Safety Meeting	
CITY Miami			57	Gar Man	✓	
STATE OK	ZIP CODE 74354		510	Set Inc	✓	
			675	Kei Det	✓	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>932'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>924'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>5.35 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 115 sks OWC cement, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.35 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.



Customer supplied H₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	70 mi	MILEAGE		294.00
5402	924'	casing footage		
5407A	414.575	ton mileage		584.55
1126	115 sks	owc cement		2276.25
118B	100 #	Premium Gel		22.00
4402	1	2 1/2" rubber plug		29.50
			7.15%	
		SALES TAX		166.07
		ESTIMATED TOTAL		4452.37

AUTHORIZATION No Co. Rep. on location 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

WoCo Drilling LLC
Yates Center, Kansas 66783
620-330-6328 620-228-2320

Operator License# 5983	API# 15-207-28768-00-00
Operator: Victor J Leis	Lease Name: E.Eggers
Address: PO Box 223 Yates Center, Ks	Well # N-11
Phone# 913-285-0127	Spud date: 12-17-13 Completed: 12-18-13
Contractor License# 33900	Location: 7 Twp: 26 Rg: 17
T.D. 931 Bit Size: 5 7/8	990 ft. from south line
Surface Pipe Size: 8 5/8 Depth: 20 ft.	3010 ft. from east line
Kind of Well: Oil	

Drillers Log

Strata	From	To
Soil	0	6
Clay	6	13
Lime	13	62
Shale	62	158
Lime	158	256
Shale	256	265
Lime	265	270
Shale	270	281
Lime	281	290
Shale	290	344
Lime	344	499
Shale	499	622
Lime	622	628
Shale	628	630
Lime	630	636
Shale	636	648
Lime	648	659
Shale	659	670
Cap Rock	670	671
Weiser Sand	671	672
Brk lime/sand	672	674
Pure Sand	674	676
Brk Sand	676	680
Shale	680	684
Shale	684	690

Strata	From	To
Brk Sand	690	700
Sand	700	710
Shale	710	734
Lime	734	738
Shale	738	741
Lime	741	753
Shale	753	765
Lime	765	772
Shale	772	749
Lime	749	814
Shale	814	824
Lime	824	826
Shale	826	854
1 st Cap	854	855
Shale	855	857
2 nd Cap	857	858
Brk Sand	858	860
Pure Sand	860	863
Pure Sand	863	866
Pure Sand	866	869
Pure Sand	869	872
Shale	872	879
Shale	879	890
Shale	890	931