



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217954
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1217954

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Clark, Jim D. dba Cla-Mar Oil, Company
Well Name	Treva 4
Doc ID	1217954

Tops

Name	Top	Datum
Anhydrite	1346	+787
Base	1381	+752
Topeka	3067	-935
Heebner	3298	-1167
Toronto	3318	-1186
Lansing	3344	-1212
BKC	3591	-1445
Arbuckle	3608	-1610



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 46634
LOCATION Oakdale
FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-21-14		@ Treva #4	5	12S	17W	Ellis	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Cla-Mar		Hays ks East to Tuto Beach Etowah-ks		399	Michael R		
CITY		STATE	ZIP CODE				
			1 1/2 W E. to	397	Rob S		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 221' CASING SIZE & WEIGHT 8 5/8" 20 #
 CASING DEPTH 221.33 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 12 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Royal chalking circulate casing mix 1655 lbs Class A cement with 38 cdcum 29 gal. Displace 12 1/2 bbls Water shut in cement and circulate 36 bbls to pit

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00
5406	20	MILEAGE	5.25	157.50
5407A	7.8 Tons	Ton mileage delivery min	1.75	430.00
1102	465 #	Calcium chloride	.94	437.10
1104S	1655 lbs	Class A cement	18.55	3060.75
118B	310 #	Bentonite gel	27	83.70
			Subtotal	5319.05
			Loss/Disc count	531.90
			Subtotal	4787.15
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Way Budy TITLE Toolpusher DATE 7-21-2014

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.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 522

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-27-14	5	12	17	Ellis	KS		6:15 AM

Location Tulip + Burkeye Rd 2 3/4 N E 1/4

Lease <u>Treva</u>	Well No. <u>#4</u>	Owner
Contractor <u>Royal #1</u>		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job <u>Production Service</u>		Charge To <u>Cl - Mar Oil</u>
Hole Size <u>7 7/8</u>	T.D. <u>3740'</u>	Street
Csg. <u>5 1/2</u>	Depth <u>3736'</u>	City
Tbg. Size	Depth	State
Tool <u>PC</u>	Depth <u>1323'</u>	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <u>42.21</u>	Cement Amount Ordered <u>225 cum 10% Salt 5% Gilsanit</u>
Meas Line	Displace <u>90 bbl</u>	

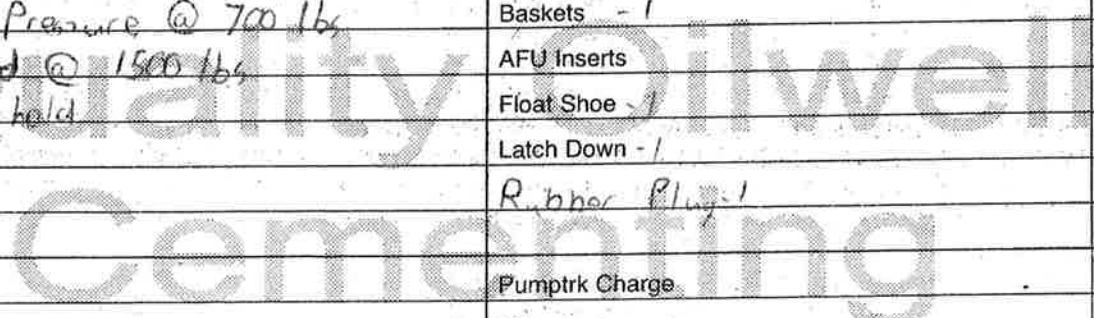
EQUIPMENT

Pumptrk <u>5</u>	No.	Cementor	Common
		Helper <u>David</u>	Poz. Mix
Bulktrk <u>9</u>	No.	Driver	Gel.
		Driver <u>Heath</u>	Calcium
Bulktrk <u>PU</u>	No.	Driver	
		Driver <u>Brett</u>	

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole - <u>30 in</u>	Salt
Mouse Hole <u>15</u>	Flowseal
Centralizers <u>1, 4, 7, 10, 56 + 55</u>	Kol-Seal
Baskets <u>57</u>	Mud CLR 48 - <u>500 Gal</u>
Port Collar <u>J1 57 @ 1323'</u>	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage
	<u>5 1/2</u> FLOAT EQUIPMENT
	Guide Shoe
	Centralizer - <u>6</u>
	Baskets - <u>1</u>
	AFU Inserts
	Float Shoe - <u>1</u>
	Latch Down - <u>1</u>
	Rubber Plug - <u>1</u>
	Pumptrk Charge
	Mileage

Mix 500 Gal Mud Flush
Plugged Rat + Mouse hole
Mixed 190 gal down 5 1/2
Displaced 90 bbl
Lift Pressure @ 700 lbs
Landed @ 1500 lbs
Plug hold



X Signature Doree Bueing

Tax
Discount
Total Charge

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

January 12, 2015

Jason Clark
Clark, Jim D. dba Cla-Mar Oil, Company
PO BOX 1197
HAYS, KS 67601-1197

Re: ACO-1
API 15-051-26719-00-00
Treva 4
SE/4 Sec.05-12S-17W
Ellis County, Kansas

Dear Jason Clark:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 7/21/2014 and the ACO-1 was received on January 12, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department