



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220895
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: _____

1220895

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)* _____

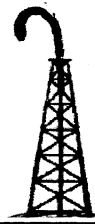
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1454
 Foreman Steve Mack
 Camp Eureka

NO. 13-531-23923

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-14-14	1011	Rich 35	6	235	15E	Cherokee	Ks

Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver	Unit #	Driver
Buck Oil	900 S. 4th	Buchanan	Ks	66319		101	Steve Mack		
						111	John		
						110	Allen		
						141	Russell		

Job Type 1/2 70 Hole Depth 157' Slurry Vol. _____ Tubing _____
 Casing Depth 1270 GL Hole Size 6 3/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 1 1/2 145 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 2000 Displacement PSI 500 Bump Plug to 1000' BPM _____

Remarks: SAFIRM Ring R. cap to 3 1/2" drill pipe from 1500' F. 50' 6" in shaft. 570'
 1550's AT 1550' Pull out 100' 7. 235' Cement in 6" 1 1/2" ID 2 1/2" ID
 from 1500' Run 4 1/2" casing down to 1270'. Ring up to 4 1/2" casing. Break circulation
 with 2000' pump. Cement 1000' with 1000' cement. Cement 4 1/2"
 Cement 1' phosad. Tool in by 50's thickens cement. 4 1/2" phosad. 100'. Cement
 cut pump at 1000'. Shutdown. Release plug. 1270' place 6" 2 1/2" ID 2 1/2" ID
 lower. Final pumping pressure 500' Pump Plug 1000'. 4000' 2000'. Release
 Pressure. Plug hold. Cement in R. TOPS 2' surface 1270' 70' 70'.
 Job Complete Rig down
 J. Mack

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	40	Mileage	3.75	150.00
C106	200	DIS. Pump	200.00	400.00
C205	15	6 1/4" PERMIA Cement Bottom Plug	12.75	191.25
C205	100	6 1/4" PERMIA Cement 1/2	12.75	1275.00
C206	500'	Gel 6%	.20	100.00
C208	100'	1 1/2" phosad 200' 15K	1.25	125.00
C201	500's	Thickens Cement	19.50	975.00
C205	100'	Phosad 2" pipe	1.25	125.00
C108	7.2	Tool mill eye Bulk 71ack	95.00	684.00
C113	5 hrs	80 bbl Uoc 71ack	85.00	425.00
C224	550 gals	CIT Water	10.00/gal	550.00
		6.15%		
			Subtotal	5569.25
			Sales Tax	175.04
Authorization <u>Witness by R.O.</u> Title <u>2 1/2" ID Rig L.</u> Total				5744.29

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.