



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216859
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: _____

1216859

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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Mud Rotary Drilling
Andrew King - Manager/Driller

Bar Drilling, LLC
Phone: (719) 210-8806

1317 105th Rd.
Yates Center, KS 66783

Company/Operator Encore Natural Resources, LLC P.O. Box 28760 Scottsdale, AZ 85255		Well No. 1	Lease Name Reisbig	Well Location 238s, 3549e	1/4 SE	1/4 SW	1/4 NE	Sec. 32	Twp. 21	Rge, 14E	
Well API # 15-031-23889		Type/Well Oil	County Coffee	State KS	Total Depth 1531	Date Started 6/12/2014	Date Completed 6/17/2014				
Job/Project Name/No.	Surface Record	Bit Record		Coring Record							
	Driller/Crew	Bit Size:	Type	Size	From	To	Core #	Size	From	To	% Rec.
	Andy King	11 1/4	PDC	11 1/4	0'	40'	1				
	Charles King	Casing Size: 8 5/8"	PDC	6 3/4	40'	1531					
	Damian King	Casing Length: 40'									
		Cement Used: 14sx									
		Cement Type: Portland									

From	To	Formation	From	To	Formation	From	To	Formation
0	7	overburden	1456	1457	oil sand			
7	84	lime	1457	1460	broken sand good odor			
84	113	shale	1460	1463	grey sand odor			
113	280	lime	1463	1466	grey sand oil show			
280	300	shale	1466	1469	grey sand less oil in samples			
300	375	lime	1469	1472	mostly shale			
375	546	shale	1472	1481	shale			
546	552	lime	1481	1501	shale			
552	673	shale	1501	1503	lime			
673	944	lime	1503	1510	black shale			
944	981	red shale	1510	1531	sandy shale			
981	1056	lime						
1056	1061	black shale						
1061	1135	lime						
1135	1249	shale						
1249	1255	lime						
1255	1271	shale						
1271	1288	lime						
1288	1293	shale						
1293	1394	sandy lime						
1394	1401	black shale						
1401	1438	lime						
1438	1454	sandy shale						
1454	1456	shale						

Well Notes:

ran 1500' +- of 4 1/2" casing

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



HURRICANE SERVICES INC
 OILFIELD SERVICES
 MADISON, KANSAS

Ticket Number 100427
 Location _____
 Foreman Dwayne

Date	6/17/14	Customer #	
Well Name & Number	Riesberg #1	Customer/Emergency Partners LLC	Mailing Address
Sec./Township/Range	82/21/14	City	State
County	Coffey	zip	

Job Type:	Driver
Casing Size:	4 1/2
Displacement:	23.31
Casing Weight:	1492
Hole Depth:	1536
Bridge Plug:	
Tubing:	
PBD:	
Packer:	

Quantity Or Units	Description of Services or Product	Pump charge
10 M.	Mileage Cement Pump 231	850.00

213 Sacks	60/40 Poz Mix Cement	12.00 SK 2.556
366 Lbs	Prem Gel 2%	1.30 Lb 109.80
53.25 Lbs	F705gal 1/4 Lb per sack	2.15 Lb 114.19
200 Lbs	Prem Gel FLUZA	1.30 Lb 60.00
(1) Sack 50	Cotton seed HULLS	25.00 sack 25.00

3.5 M	Water Truck 111	84.00 M 294.00
8.5 M	Water Truck 144/150	105.40 M 367.50
6900 Gal	Water	1.34 gal 89.70
	Wire Line	50.00 50.00

8.99 Tons	Bulk Truck Minimum Charge	400.00
1	Plugs 4 1/2 Tap Rubber Plug	38.00 38.00
	Subtotal	4986.99
	Sales Tax	
	Estimated Total	

Remarks: Arrived on location 3:00 pm Started Job at 4:30 pm Hooked on to casing and established circulation. Pump to BBN Gel Flush followed by 30 BBN Pad and Start Cement. Pump 213 Sack Cement with HULLS First to BBN's Stop and Flush Pump. Then Pump water Plug to Bottom and Set Float Shoe. Left Plug container on well and shut in 300 PSI.

{ drilled from Madison camp }

Customer Signature _____

(Rev. 1-2011)