



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219105
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: _____

1219105

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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ORNISH
WIRELINE
SERVICES, INC.
CHANUTE, KANSAS

**GAMMA RAY
NEUTRON
CEMENT BOND
COMPLETION LOG**

Company DAYSTAR PETROLEUM, INC.
Well EAGLE #8-14
Field
County WOODSON
State KANSAS

Company DAYSTAR PETROLEUM, INC.
Well EAGLE #8-14
Field
County WOODSON State KANSAS

Location:

API #:

Other Services

SEC 31 TWP 25S RGE 14E

Elevation

Permanent Datum

GL

Elevation

Log Measured From

GL

Drilling Measured From

GL

K.B.

D.F.

GL

Date 5-21-2014

Run Number 1 NW

Depth Driller 1368.7'

Depth Logger 0

Top Log Interval 1368.7'

Bottom Logged Interval FULL

Fluid Level WATER

Type Fluid

Production Casing 2 7/8" @ TD @

Max. Recorded Temp.

Estimated Cement Top

Calculated Cement Top

Amount & Type Cement

Amount & Type Admix

Drilling Contractor

Equipment Number 105

Location

Recorded By GORMLEY, R.


Witnessed By JOHN

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
						
WVF3FT	4.42		CBLTEKCO-TEKCO2RCVR (TEKCO169) 1 11/16" TEKCO 2 RCVR DELWARE	9.75	1.69	50.00
WVF5FT	3.42					

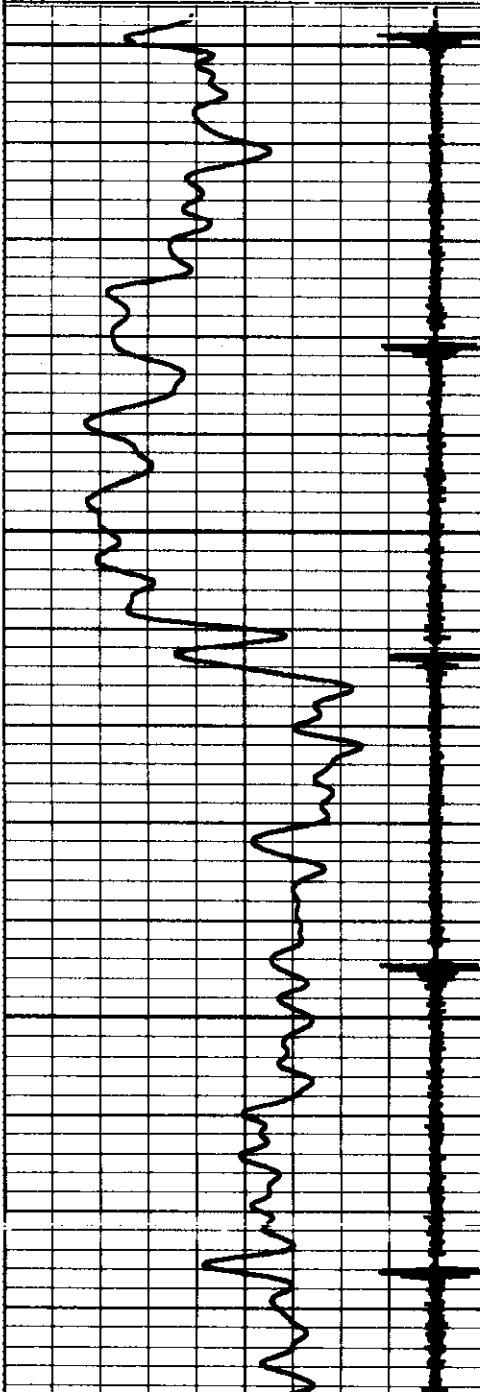
WVFCAL 0.00
 WVFSYNC 0.00



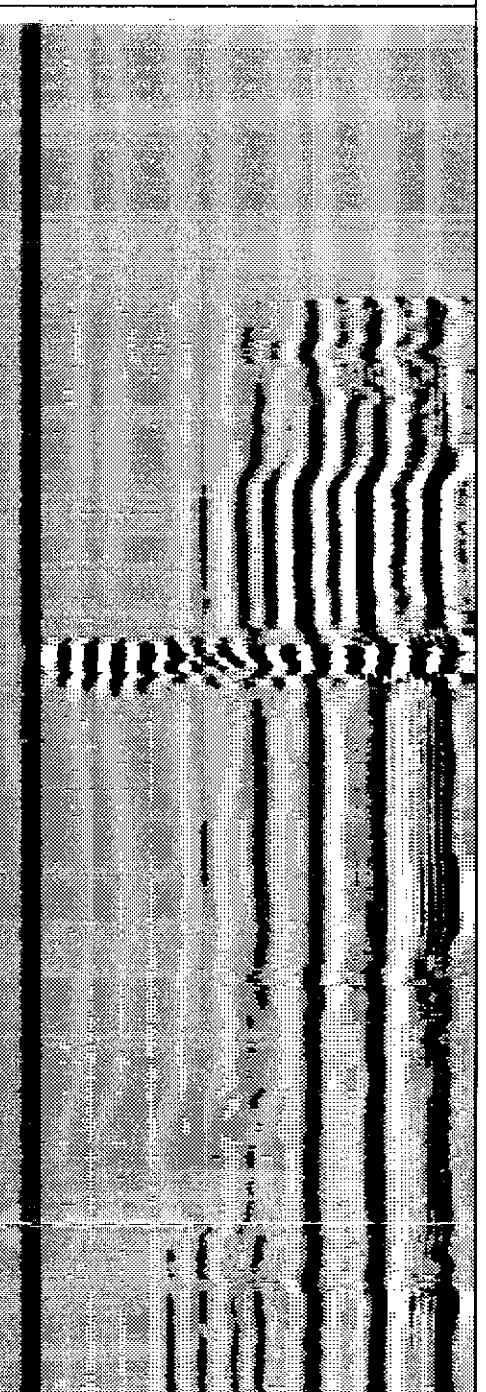
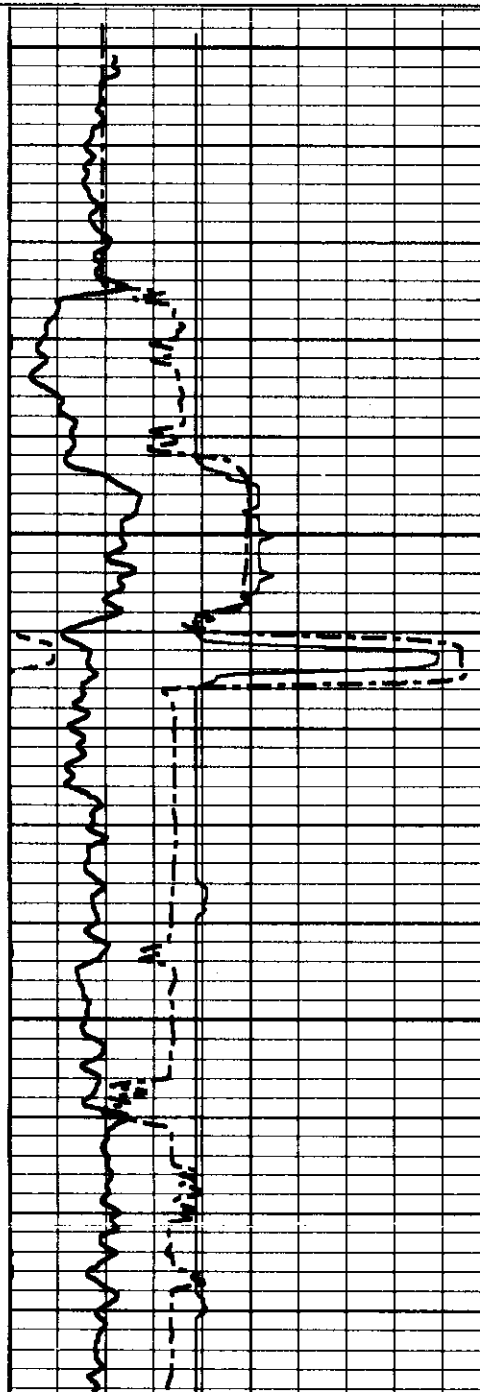
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 Total Weight: 50.00 lb
 O.D.: 1.69 in

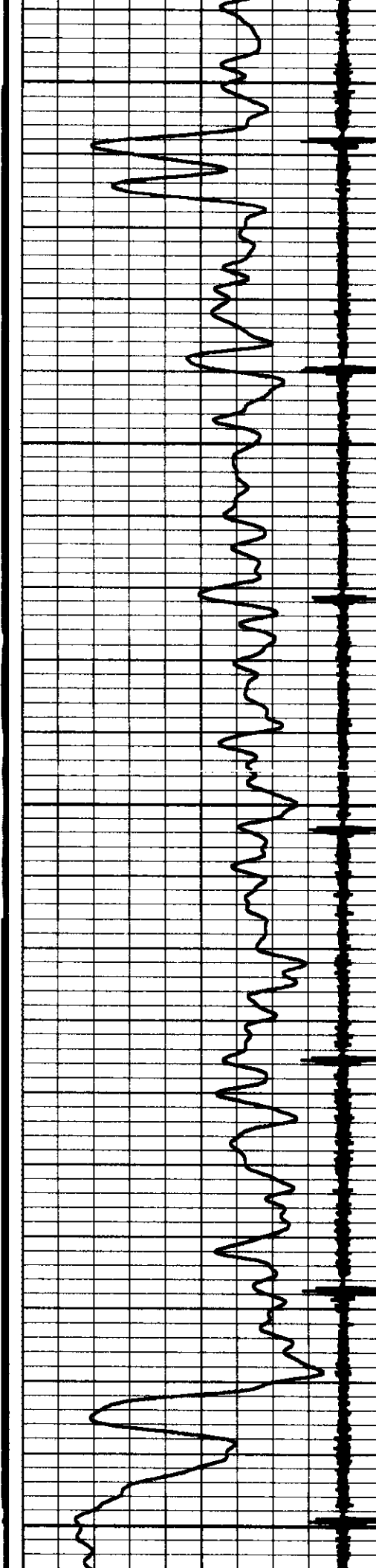
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9	CCL	-1	0	Amplitude (mV)	150	250	VDL	1200
0	GR (cps)	150	1100	TT3FT (usec)	200			
150	gr (cps)	300	1800	TT5FT (usec)	200			
			100	NEU	1100			



0
 50
 100





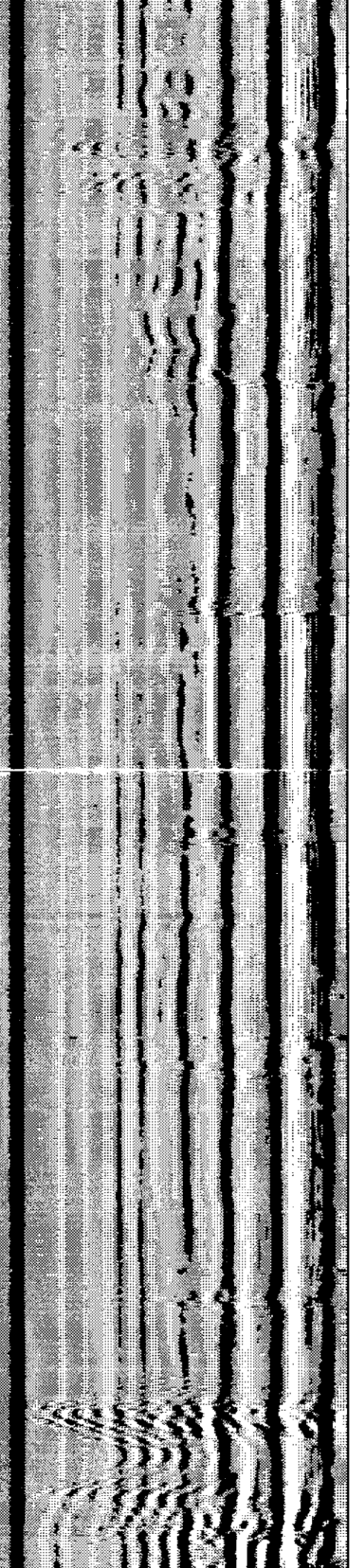
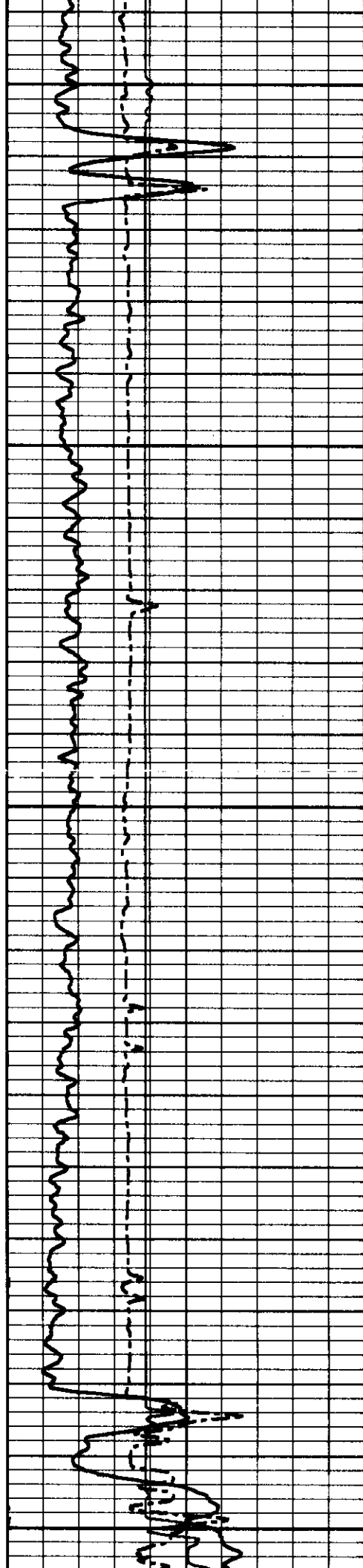
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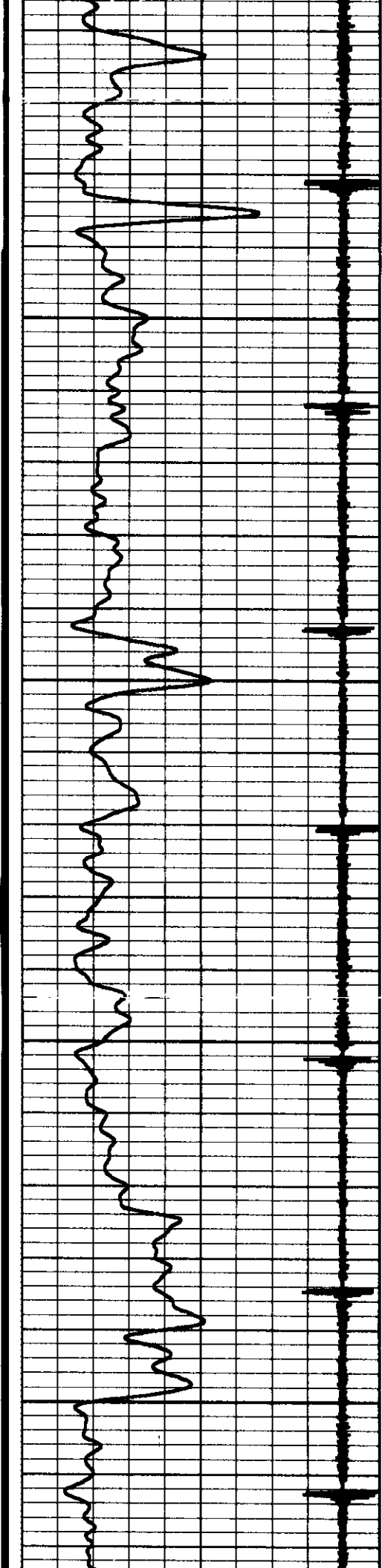
200

250

300

350



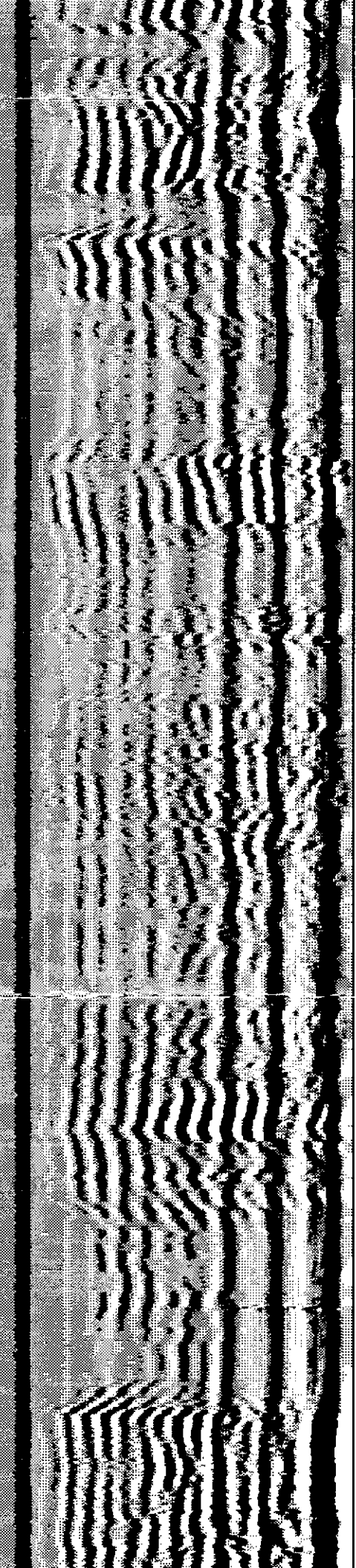
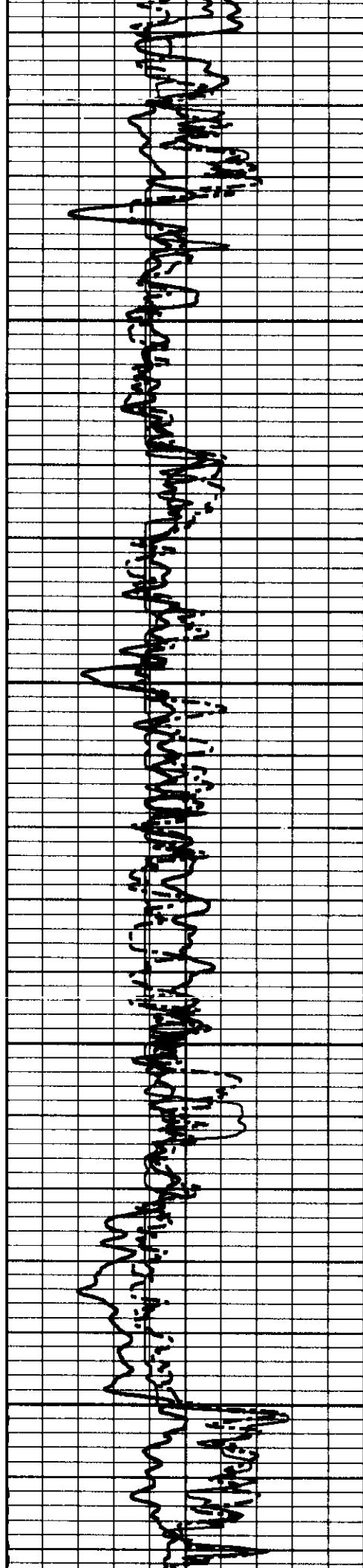


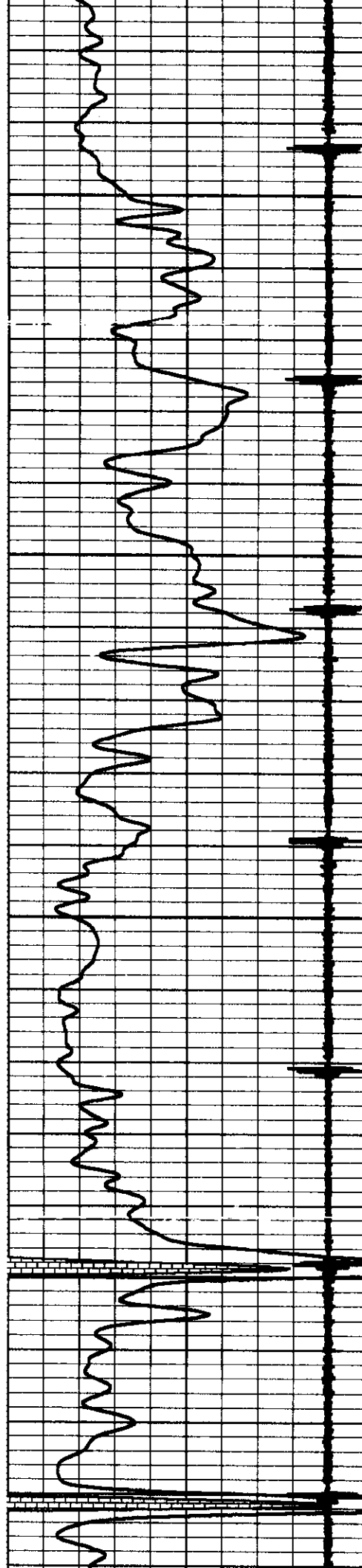
400

450

500

550



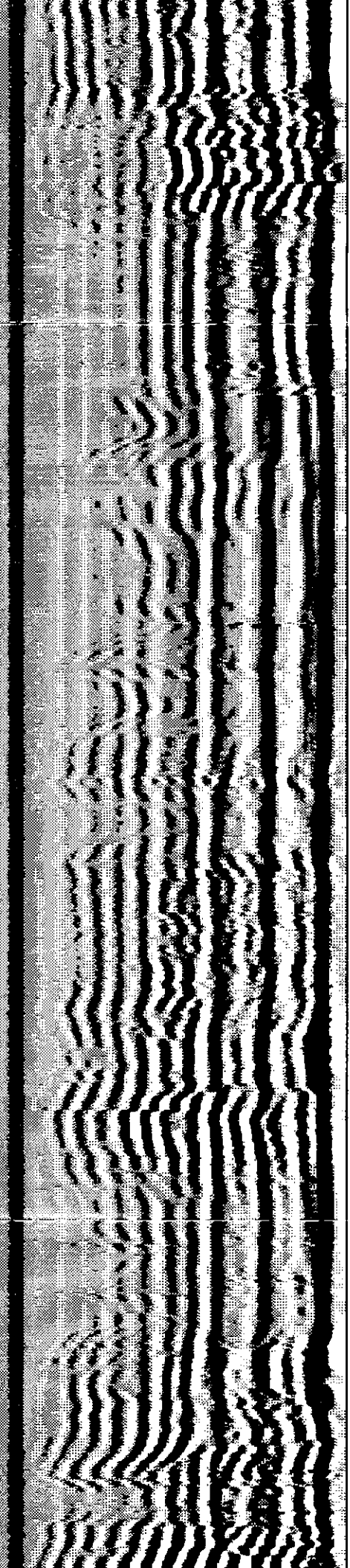
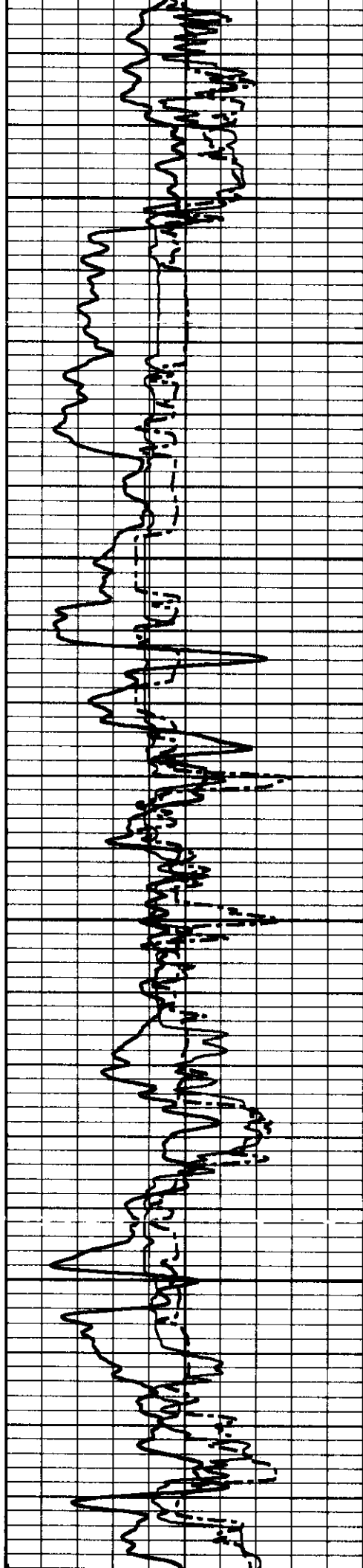


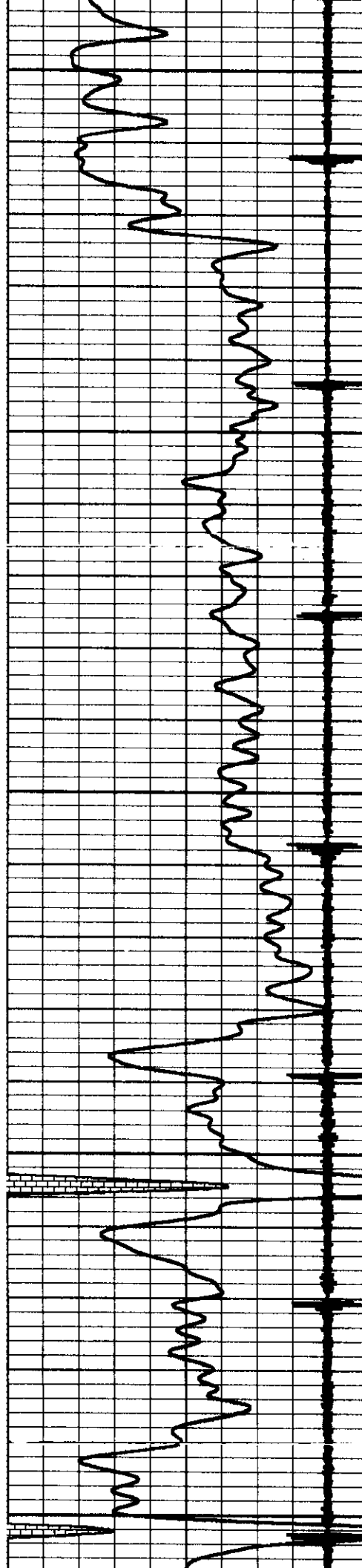
600

650

700

750





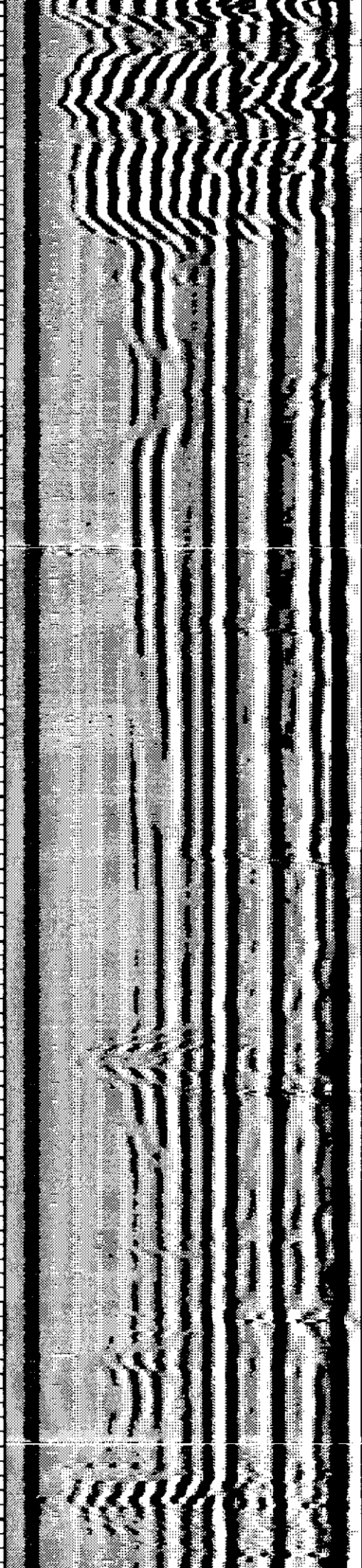
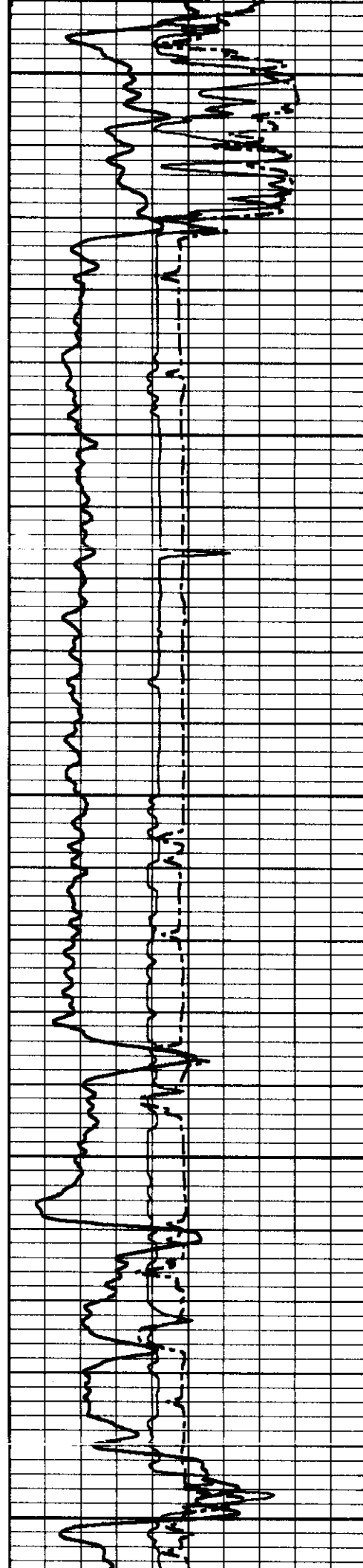
800

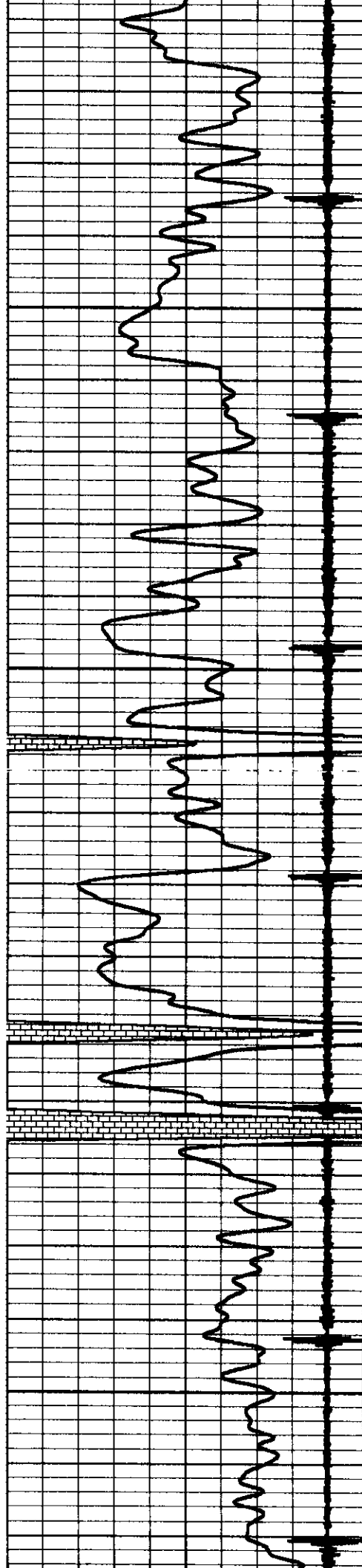
850

900

950

1000



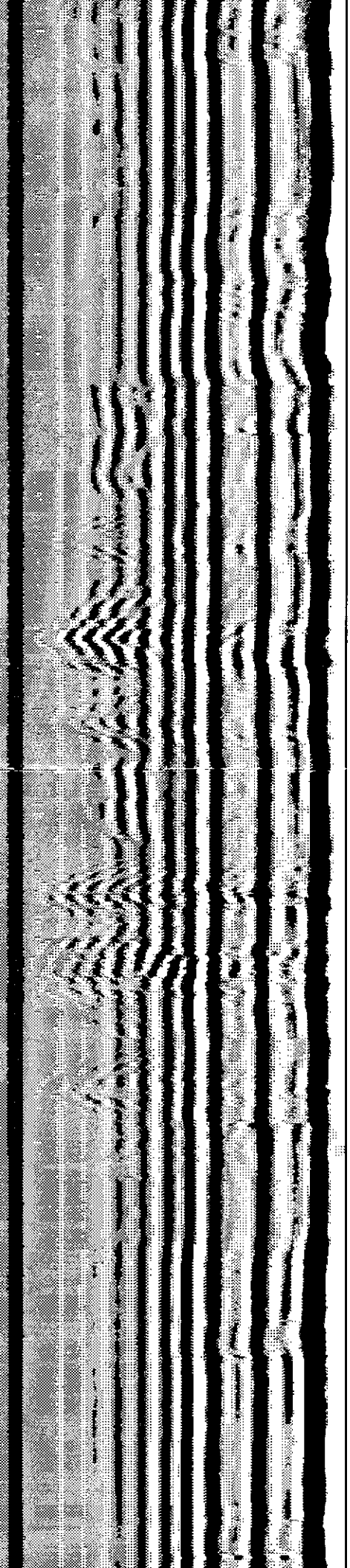
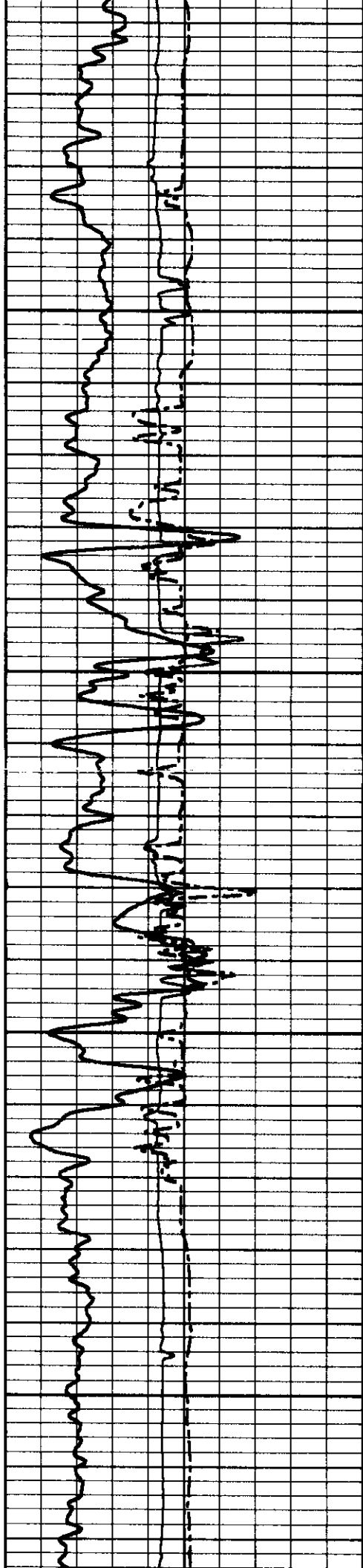


1050

1100

1150

1200

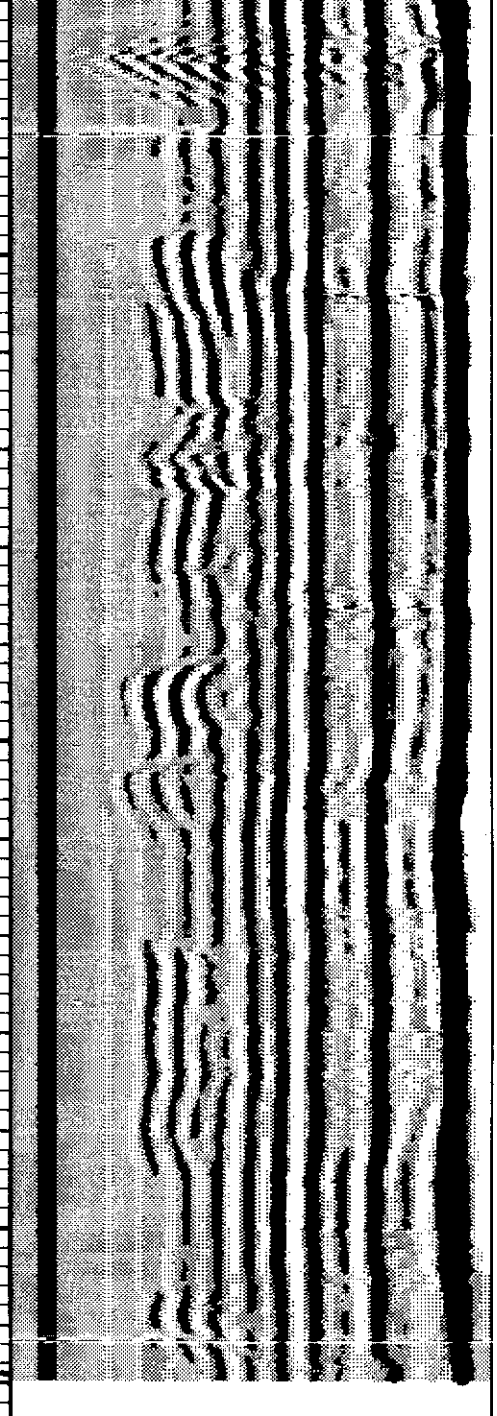
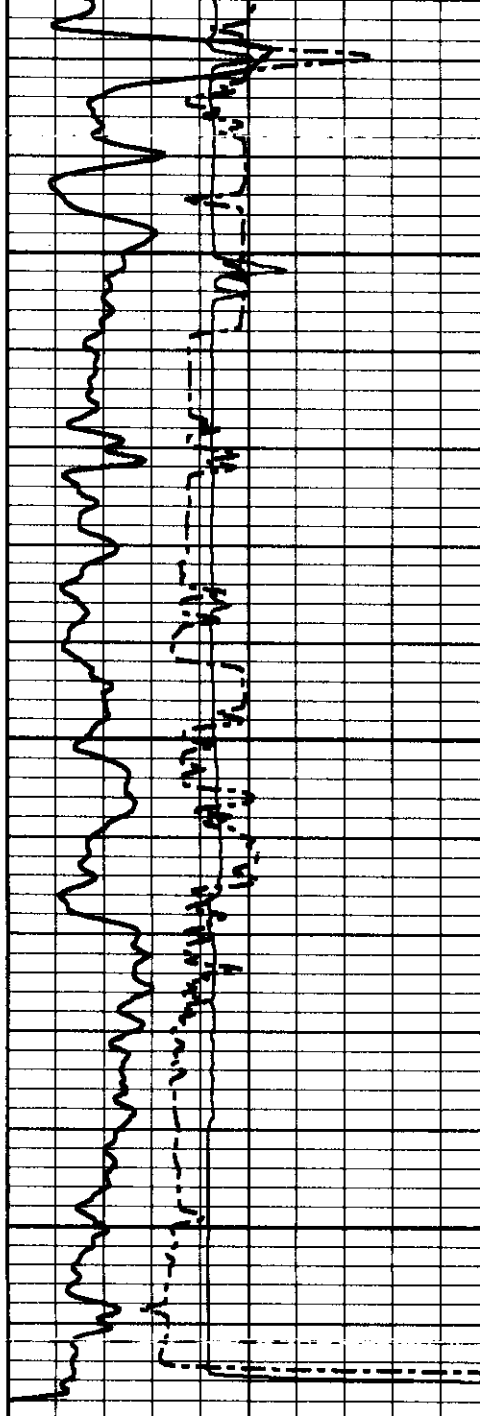




1250

1300

1350



9	CCL	-1
0	GR (cps)	150
150	gr (cps)	300

0	Amplitude (mV)	150
1100	TT3FT (usec)	200
1800	TT5FT (usec)	200
100	NEU	1100

250	VDL	1200
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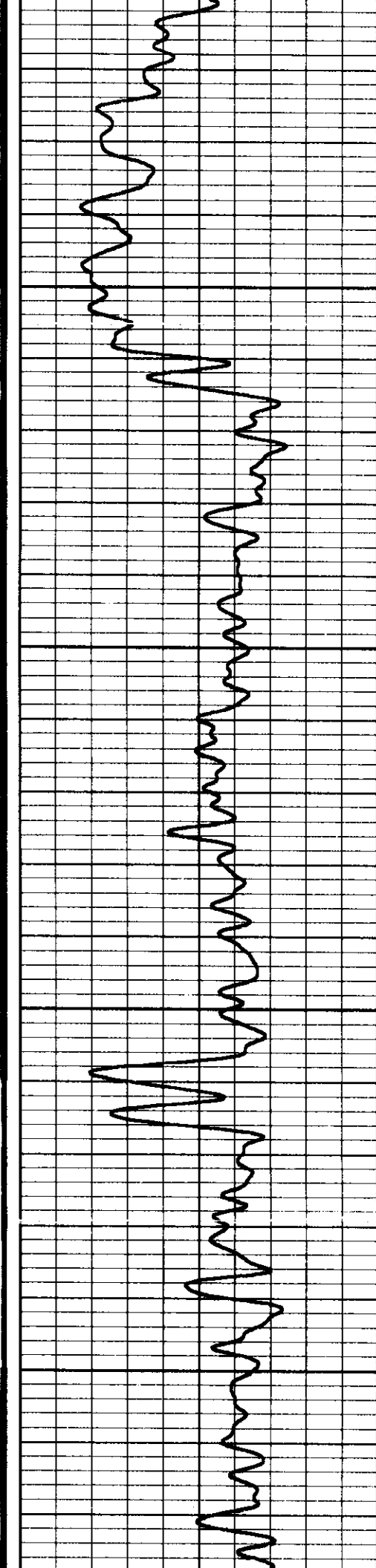
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 Charted by: Depth in Feet scaled 1:240

0	GR (cps)	150
150	gr (cps)	300

100	NEU	1100
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9	CCL	-1
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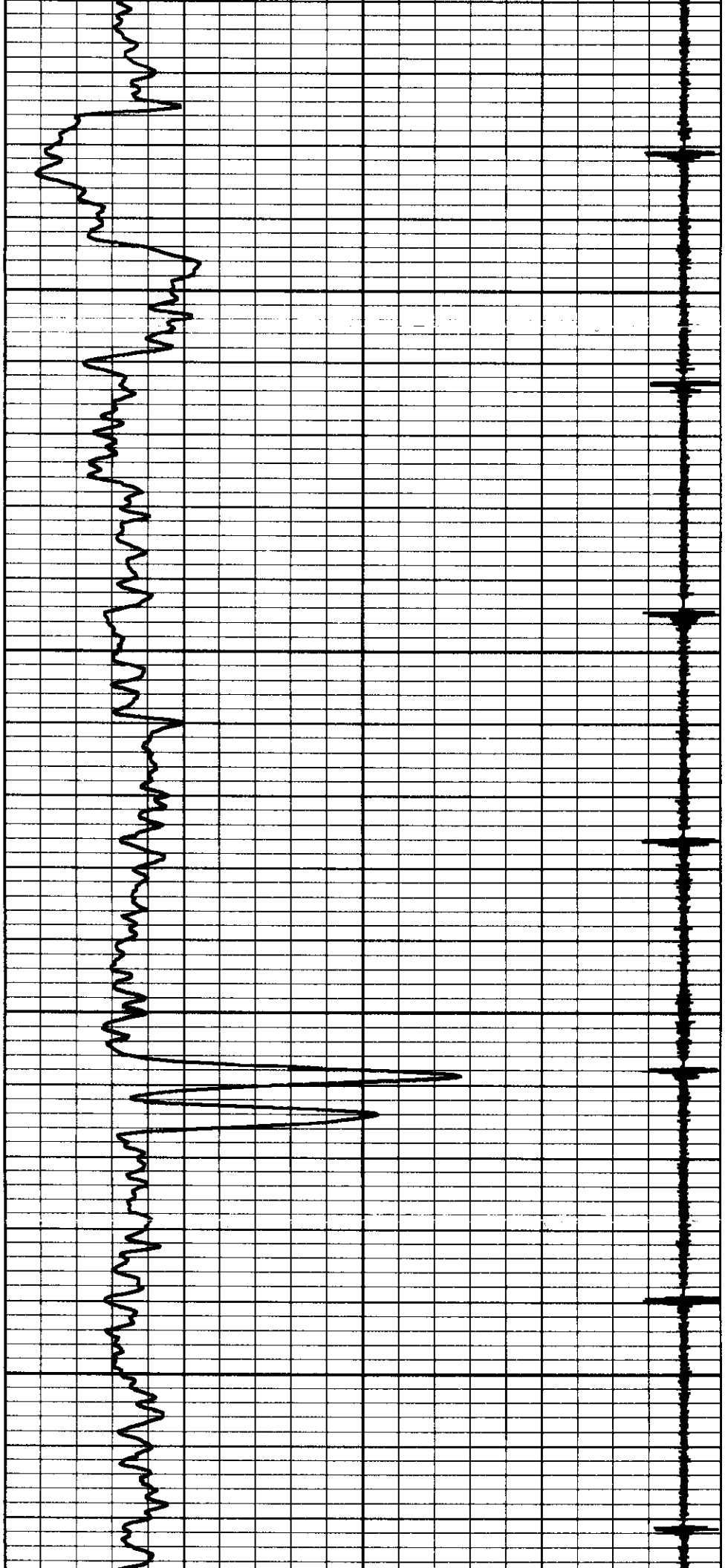


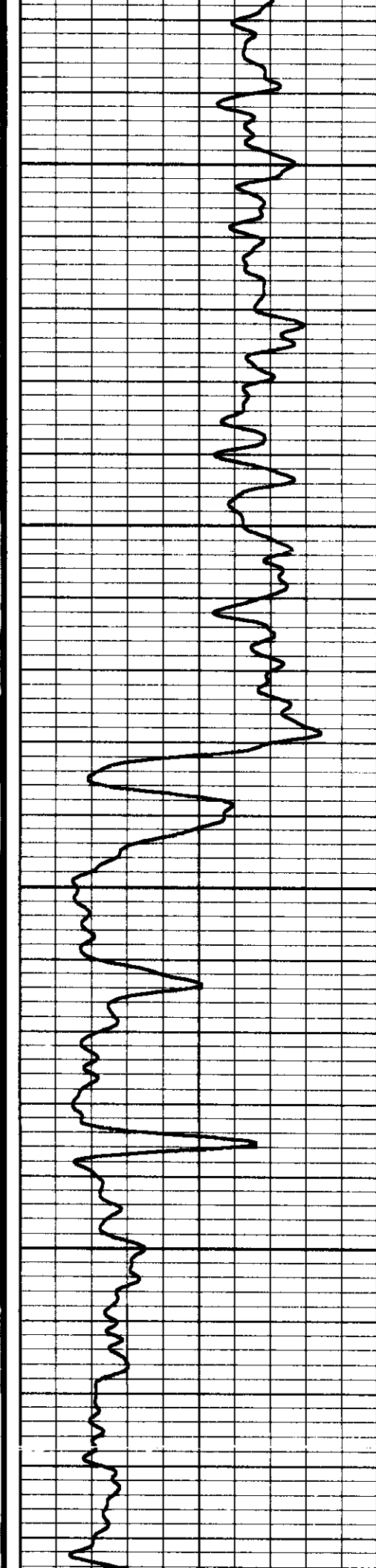
50

100

150

200



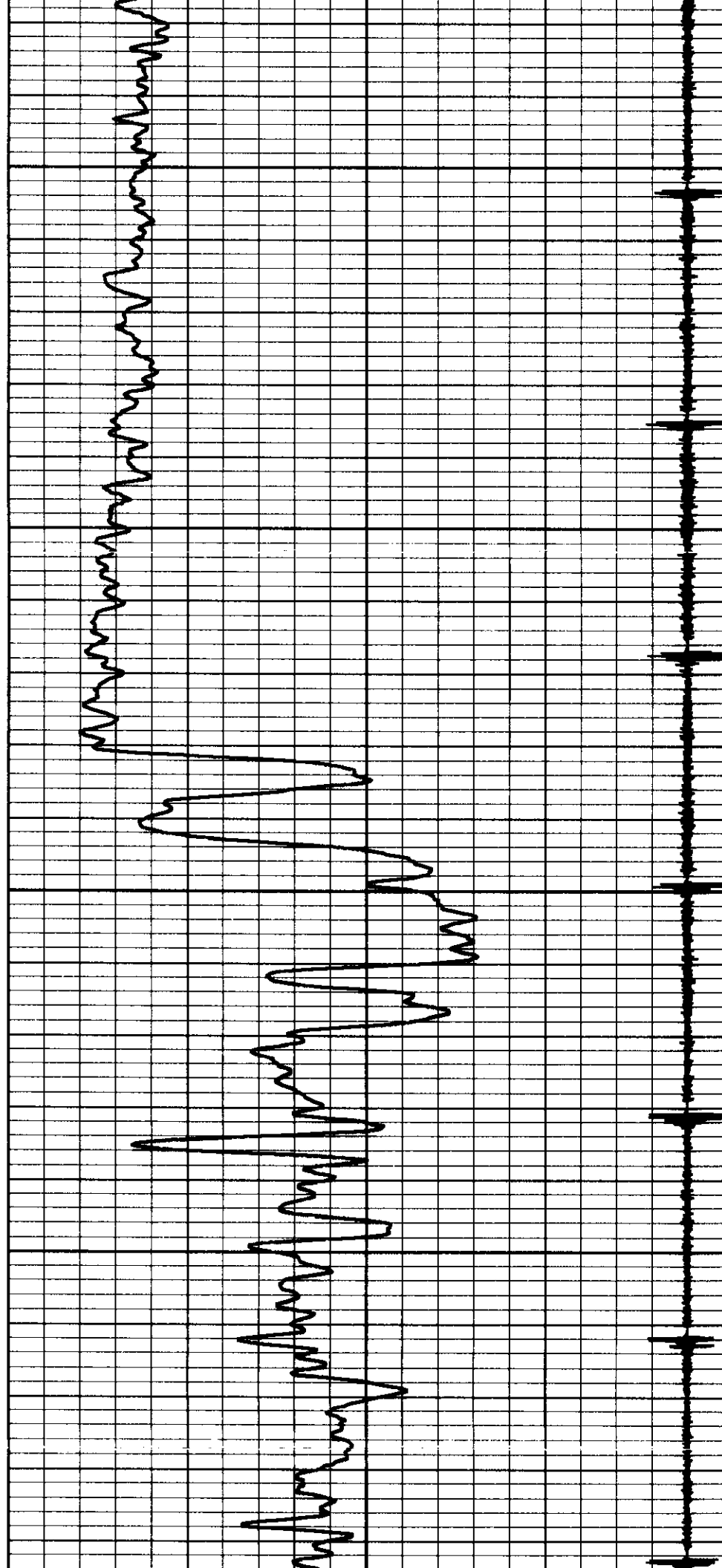


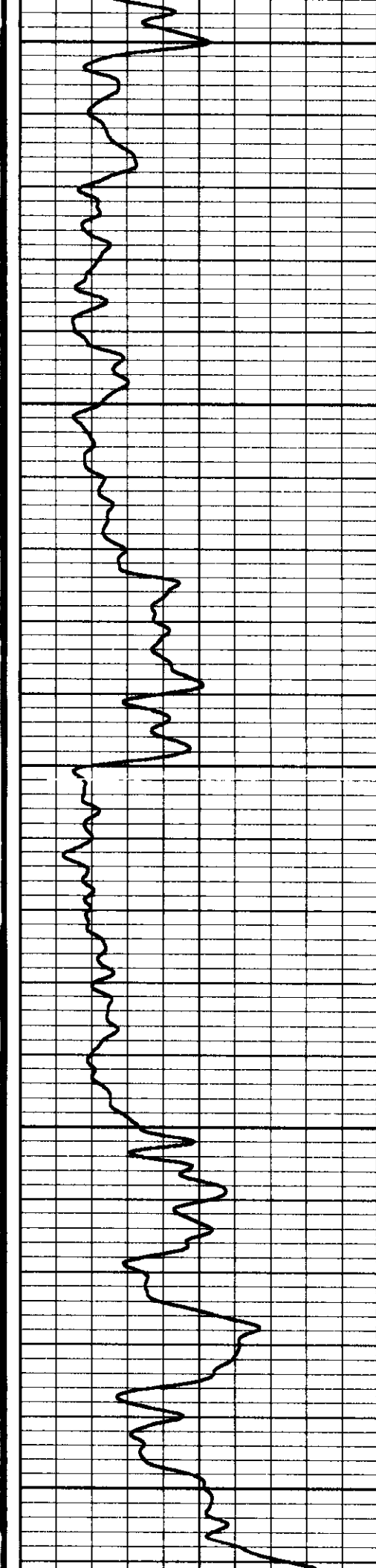
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300

350

400





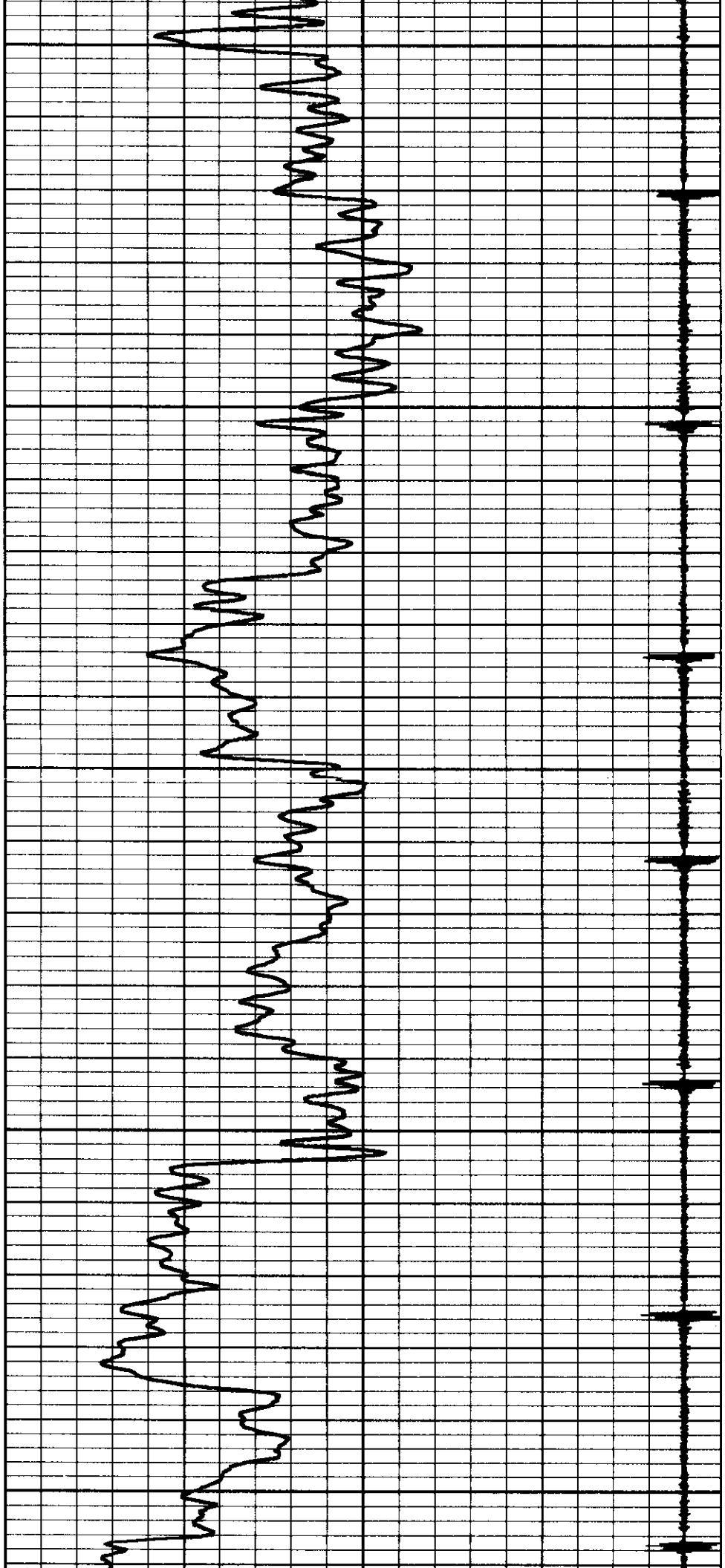
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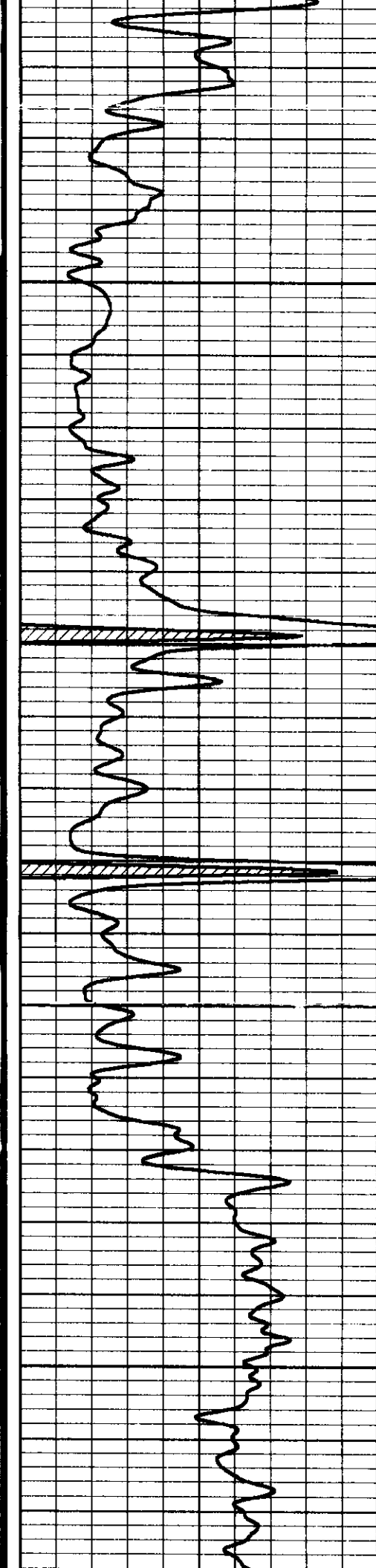
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550

600

650



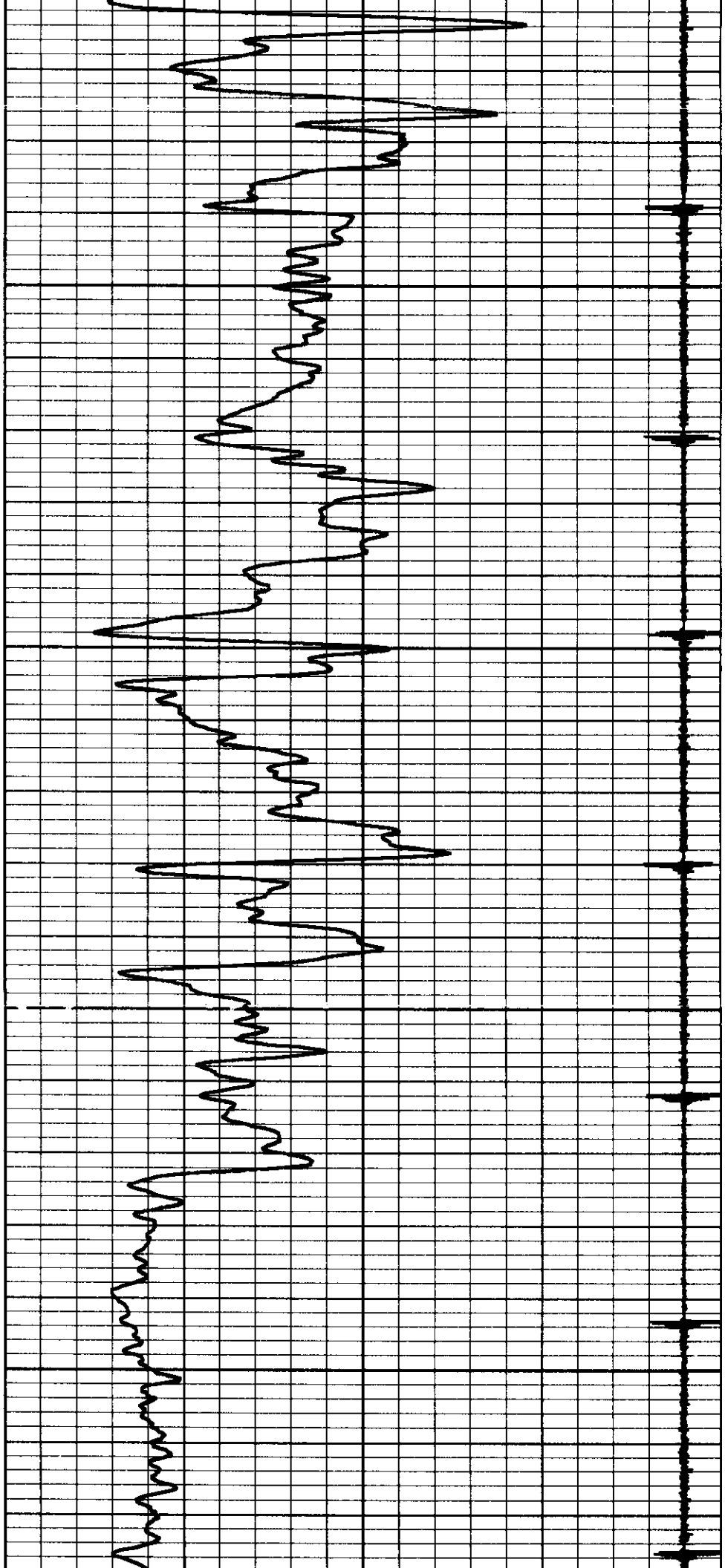


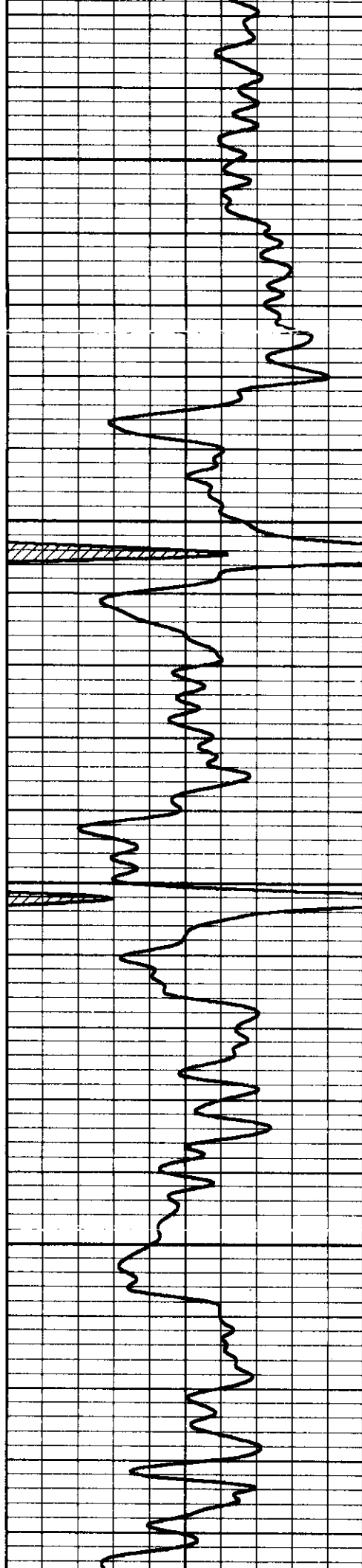
700

750

800

850



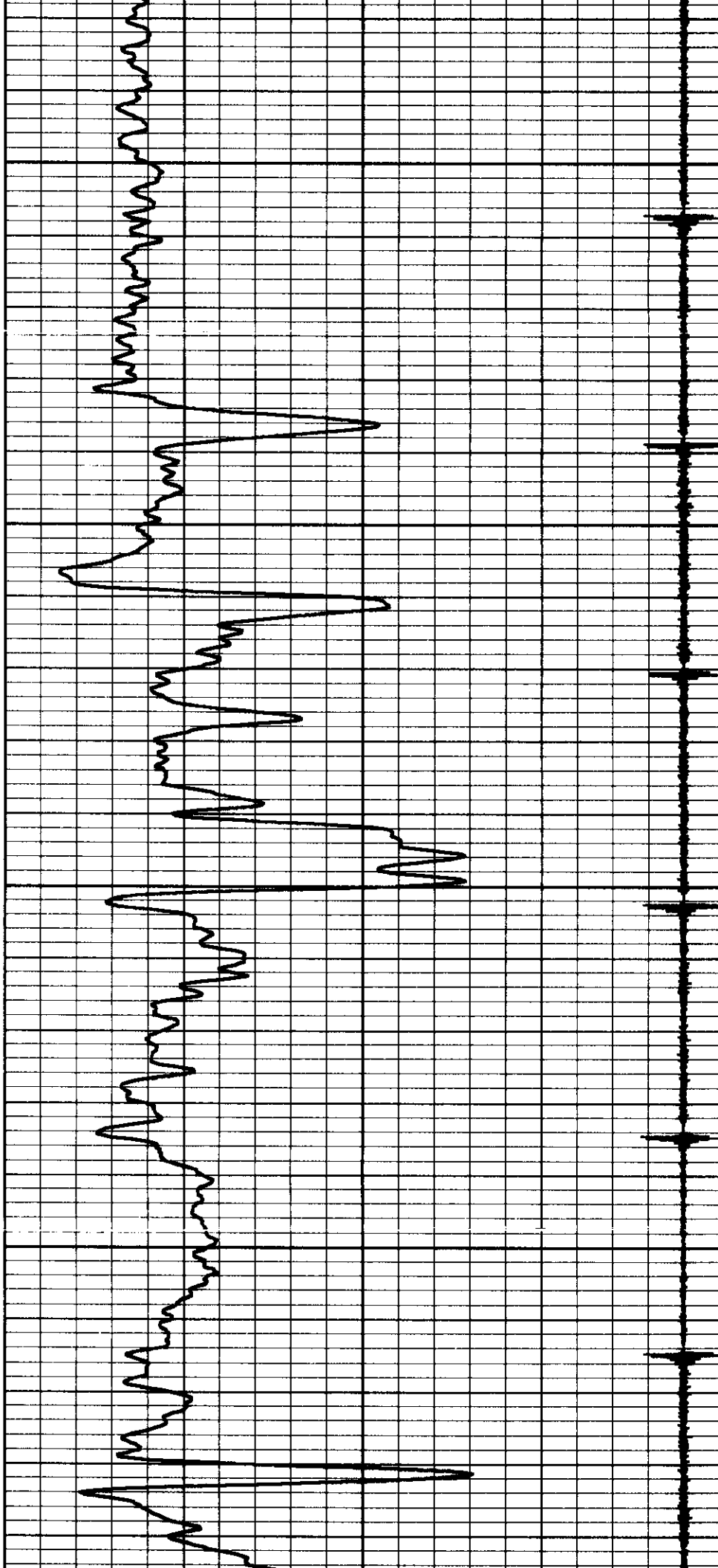


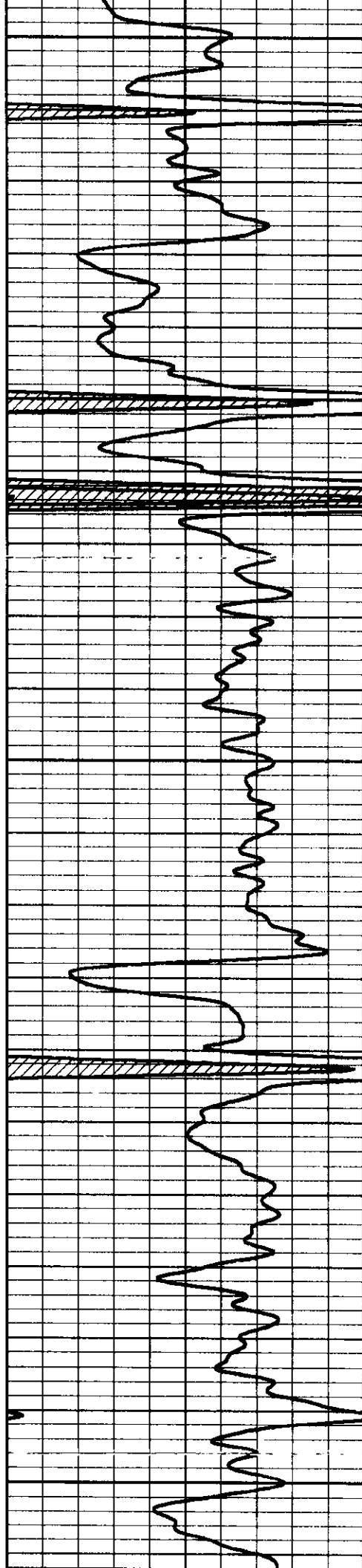
900

950

1000

1050





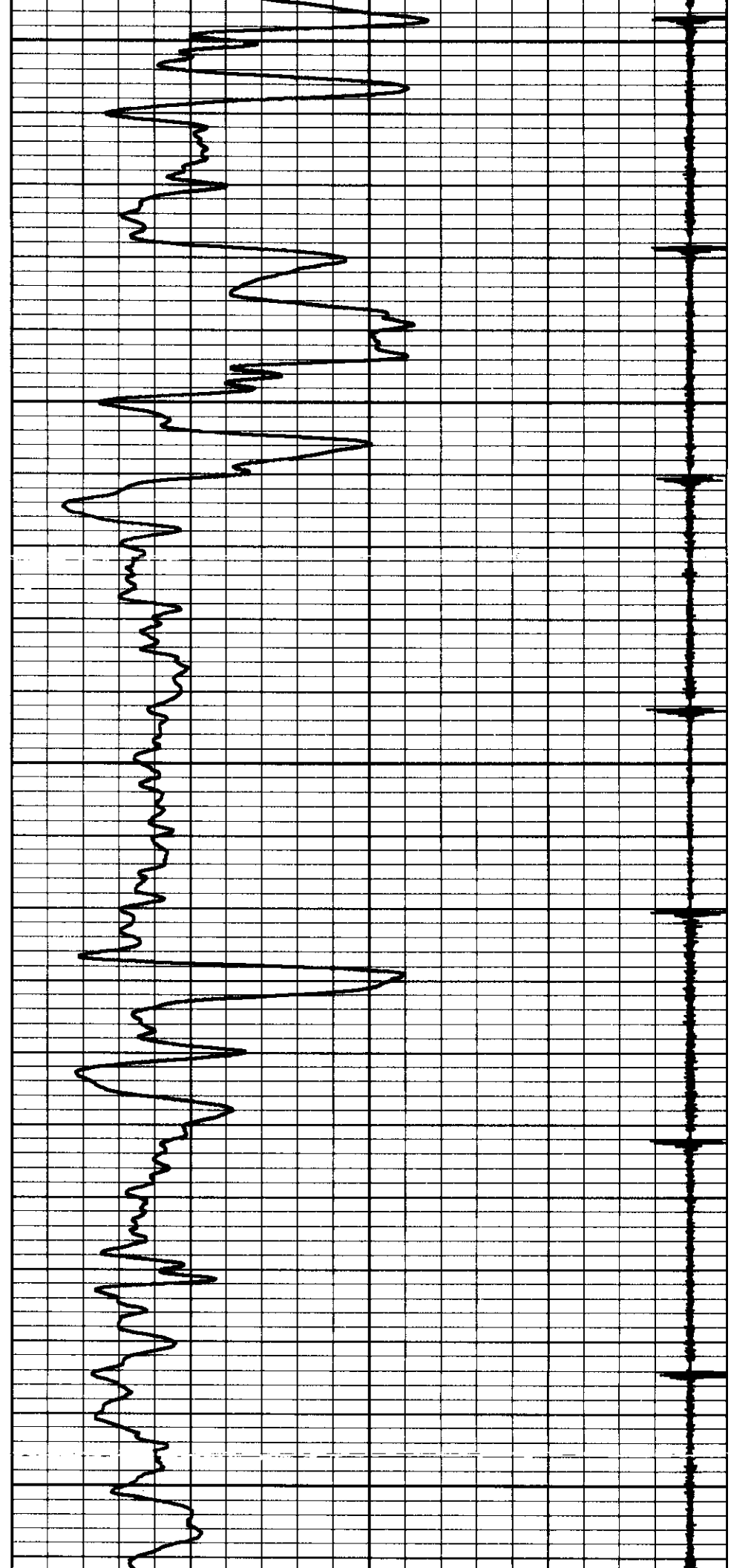
1100

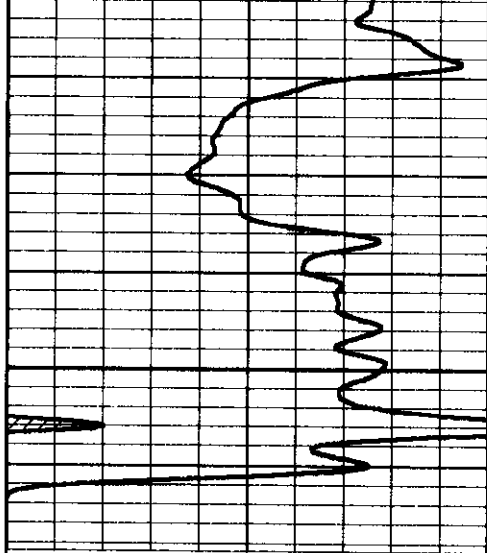
1150

1200

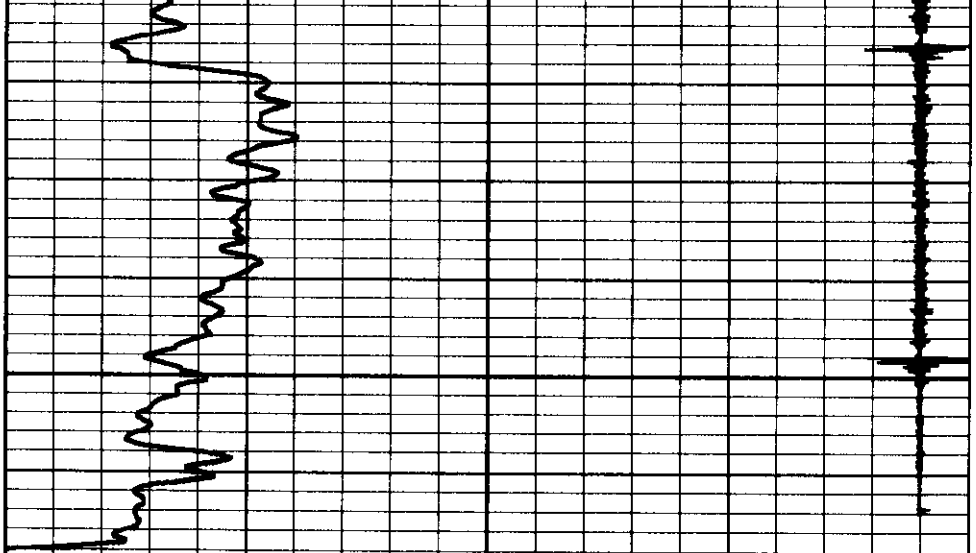
1250

1300





1350



0	GR (cps)	150
150	gr (cps)	300

100	NEU	1100
9	CCL	-1



Company DAYSTAR PETROLEUM, INC.
 Well EAGLE #8-14
 Field
 County WOODSON SECTION 31 TWP 25S RGE 14E
 State KANSAS Date 5-21-2014

Hurricane Services, Inc.
 104 Prairie Plaza Parkway
 Garnett, KS 66032
 Office # 785-448-3100
 Toll Free # 855-718-8027



Ticket Nº 50256
 Location _____
 Foreman Dwayne / Joe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/2/14		Eagle 8-14	31/25/14	WO
Customer		Mailing Address	City	State Zip
DayStar Petroleum Inc.		522 N Main St.	Eureka	KS 67045

Job Type:	Truck #	Driver
Long string	1377.25	Tom/Alex
Hole Size: 5 7/8	Casing Size: 2 7/8	Displacement: 241
Hole Depth: 1386	Casing Weight:	Displacement PSI: 146-1567
Bridge Plug:	Tubing:	Cement Left in Casing: 111
Packer:	PBTD:	25

Quantity Or Units	Description of Services or Product	Pump charge	
37 mi	Mileage Cement	\$3.25/Mile	120.25
37 mi	Pick up	1.5	55.50
193 sk	60/40 Poz Mix	12.00	2316.00
332 LB	Gel in Cement 2%	.30	99.60
200 LB	Gel flush	.30	60.00
48.25 LB	flo seal 1/4 lb PerSK	2.15	103.73
6400 gal	Water	1.3	83.20
4 hr	Trans Port water truck	105.00	420.00
4 hr	80 bbl water truck	84.00	336.00
1	wire line	50.00	NC
8.3 Tons	Bulk Truck Cement delivery	\$1.15/Mile	399.23
1	Plugs 2 7/8	25.00	25.00
		Subtotal	4808.51
		Sales Tax	
		Estimated Total	

Remarks: Hooked onto casing Est Circulation. Pumped 10 BBL gel flush followed by 15 BBL pad. Pumped 193 SKS 60/40 Poz 2% gel 1/4 lb flo seal. Flush pump with fresh water then Pumped Plug to bottom shut well in at 700 psi

Good Cement to surface.

Not on Location
 Customer Signature