



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221067
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: _____

1221067

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: 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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CONSOLIDATED
Oil Well Services, LLC

268706

TICKET NUMBER 47216
LOCATION Hawk, KS
FOREMAN Cory 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
6/3/14	5000	Van Tyle # SV-17	SW1	19	21	MI
CUSTOMER <u>Stinger Ventures</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>5113 East North St</u>			<u>729 Coker</u> ✓ <u>Safety Meeting</u>			
CITY STATE ZIP CODE <u>Salina KS 67401</u>			<u>666 Gorman</u> ✓			
			<u>558 Arl McD</u>			

JOB TYPE logging HOLE SIZE 5 7/8" HOLE DEPTH 741' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 695' DRILL PIPE _____ TUBING battle - 575' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 3.33 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 107 sks 50% Pozmix cement w/ 2% gel + ~~1000~~ 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to battle w/ 3.33 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

BTG

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	55 mi	MILEAGE		231.00
5402	695'	casing footage		
5407	minimum	for mileage		368.00
1124	107 sks	50% Pozmix cement	1230.50	
118B	380 #	Premium Gel	83.60	
1107A	54 #	Phenoseal	72.90	
		material	1387.00	
		- 30%	416.10	
		subtotal		970.90
4402	1	2 1/2" rubber plug		29.50
				3208.87
		7.65%	SALES TAX	76.54
			ESTIMATED TOTAL	2760.94

Revin 3737

AUTHORIZATION No Co Rep 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.

SV-17

WELL NAME: Vantyle
 WELL: SV-17
 SURFACE PIPE: 7"
 PRODUCTION:

OPERATOR: Utah Oil
 LOCATION: Michi
 DATE: 20.09.1
 Casing Size: 5
 PIPE SIZE:

DATE: 5-20-14
 RIG: Rig 2

Depth	Formation	Comments	Depth	Thickness	Formation	Comments	Depth
3	Soil		3	4	Shale		334
15	Lime		15	3	Grey Sand	No Oil Show	337
2	Shale		20	11	Shale		348
4	Coal		24	12	Lime		360
5	Shale		29	5	Shale		365
19	Lime		48	5	Lime		373
3	Shale		51	1	Shale		374
2	Coal		53	2	Lime		376
1	Lime		54	2	Coal		378
3	Shale		57	7	Shale		385
1	Lime		58	11	Lime	Soft	396
1	Shale		59	27	Shale		423
6	Lime		65	2	Lime		425
4	Shale		69	3	Shale		433
4	Lime	KC	73	5	Oil Sand	Heavy Bleed	438
12	Shale		85	2	Shale		440
13	Prax/Sand	Very little o. / Show	88	1	Grey Sand	No O. / Show	441
105	Shale		220	1	Shale		442
1	Sand/Gray	No O. / Show	221	1	Grey Sand	No O. / Show	443
4	Lime		230	3	Shale	Broken Grey sand / No Show	446
3	Shale		233	36	Shale		452
4	Lime		237	1	Lime		482
1	Shale	Very Broken Sand No Show	238	2	Coal		485
4	Lime	O. / Show little bleed	242	27	White Shale		512
8	Shale		250	24	Dark Shale		525
5	Grey Sand	No O. / Show	255	16	Grey Sand	No O. / Show	541
17	Shale		272	52	Shale		543
5	Lime		277	4	Lime		597
4	Shale		286	10	Shale		633
7	Lime		293	4	Grey Sand	No O. / Show	637
2	Shale		295	24	Shale		661
13	Lime		308	5	Shale	Broken Grey Sand No Show	666
15	Shale		323	10	Grey Sand	No O. / Show	676
5	Lime		328	21	Shale		697
7	Coal		330	4	White Sand	No O. / Show	701

LEASE NAME:
 WELL #: SV-17
 SURFACE PIPE:
 PRODUCTION:

OPERATOR:
 LOCATION:
 Ft. Cement (#bags) = FT
 PIPE: SIZE: = FT

START DATE:
 API #:

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
4	Grey Sand	No Oil Show	705				
3	Shale	Broken Grey Sand No Show	708				
4	Grey Sand		712				
16	Shale		728				
1	Shale	Broken Grey Sand No Show	729				
8	Grey Sand		737				
4	Lime	TD	741				
		TD 741					
		Long String 699.60					
		Baffle top of fourth joint					
		31.65					
		30.85					
		33.30					
		28.10 Baffle on top of 28.10					
		Baffle 570.7	570.7				
		Weyton					
		No Core					