



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221088
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: _____

1221088

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

268785

TICKET NUMBER 47331
LOCATION Of Jawa KS
FOREMAN Fred Mader

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
6.6.14	5000	Van Tyle # SV-21	SW 1	19	24	MI

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Stinger Ventures Mailing Address 5113 East North Street City: Salina, State: KS, ZIP CODE: 67401	712	Fred Mad		
	495	Har Bec		
	558	Dva Web-McCar		

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 471 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 430.25 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 2.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 43 PM

REMARKS: Hold crew safety meeting. Establish circulation. Mix & Pump 100# Gal Flush-Mix & Pump 56 SKS 50/50 Per Mix Cement 2% Gel 1/2" Phenol Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Hold & Monitor pressure for 30 min MIT. Release pressure to set float valve.

Rig Supplied H2O.
Uzak Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	50 mi	MILEAGE	495	210 ⁰⁰
5402	430	Casing footage		N/C
5407	17.5 mi	Ton Miles	558	368 ²⁰
1124	56 SKS	50/50 Per Mix Cement	644 ⁰⁰	
116B	194#	Premium Gel	426 ⁰⁰	
1107H	28#	Pheno Seal	37 ⁸⁰	
		Material	724 ⁴⁰	
		Less 30%	-217 ³⁴	
		Total		507 ¹⁴
4402	1	2 1/2" Rubber Plug		292 ⁰⁰
			2474.67	
			7.65%	SALES TAX 41.06
				ESTIMATED TOTAL 2240.70

Revin 3737

AUTHORIZATION Steve J. 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-21

LEASE NAME: **Vantyle** OPERATOR: **Utah O. I.** START DATE: **6-4-14**
 WELL: **SV-21** LOCATION: **Miami** API: **15-121-30404**
 SURFACE PIPE: **7"** Ft: **29.05'** Cement: **bags**
 PRODUCTION: **used** PIPE: **2 7/8"** SIZE: **4 430.25'** Baffle **399.75'**

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
8	Soil		8	4	Lime		305
25	Lime		33	2	Coal		307
3	Shale		36	1	Lime		308
3	Coal		39	5	Shale		313
4	Shale		43	11	Lime		324
19	Lime		62	15	Shale		339
5	Shale		67	4	Lime		343
2	Lime		69	5	Coal		348
5	Shale		74	10	Grey Sand	No Oil Show	358
5	Lime		79	4	Shale		362
5	Shale		84	14	Lime		376
5	Lime	KC	89	9	Shale		385
6	Shale		95	4	Lime		389
5	Brown Sand	Small Very Little Bleed	100	2	Coal		391
1	Shale		101	1	Lime		392
4	Brown Sand	Small Very Little Bleed	110	9	Shale		401
3	Brown Sand	Broken Very Little Bleed	113	1	Lime		402
120	Shale		233	39	Shale		441
4	Lime		237	1	Lime		442
2	Shale		239	4	Shale		446
1	Grey Sand	No Oil Show	240	1	Shale	Broken Grey Sand No Show	447
1	Lime		241	3	Shale		450
2	Brown Sand	No Oil Show	243	1	Sand	Broken Coal Bleed ^{core}	451
1	Lime		244	.25	Sand	Solid Coal Bleed	451.25
4	Brown Sand	Small No bleed	248	19.75	Shale		471
0.5	Sand	Good Bleed ^{core}	248.5				
7	Sand	Solid Good bleed	255.5				1st Core 248.5 - 268.5
1	Sand	Broken Shale ^{core} _{little bleed}	256.5				2nd Core 451 - 471
2.5	Sand	Solid Small No Bleed	259				
3	Lime	Lost Core	262				TO 471
6	Shale		268				Baffle 30.30
1	Sand	Little Bleed	269				Waylon
20	Shale		289				
5	Lime		294				
7	Shale		301				

248.0 - 255.5 oil sand