



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221093
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: _____

1221093

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
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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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DIY SUPPLY Ottawa #2107
 2204 S PRINCETON CIRCLE DR
 OTTAWA, KS 66067

PHONE: (785) 242-8200

CUSTOMER COPY

CUST NO: 901210 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: CASH/CHECK/BANKCARD CLERK: 9CJH DATE / TIME: 6/11/14 9:18
 TERMINAL: 901

SOLD TO: UTAH OIL
 2394 UTAH RD

SHIP TO: GROTHER/STEVE

GRAND TOOL KS 66079
 785-241-3923

TAX: 090 OTTAWA SALES TAX

INVOICE: B70272

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	35	35	EA	1290915	PORTLAND CEMENT 94LB MFG part# 1124-94		35	9.45 /EA	330.75

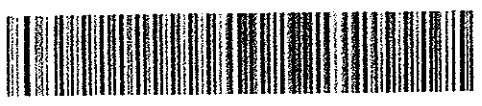
SV22
 + SV23

** PAID IN FULL **

323.72	TAXABLE	330.75
	NON-TAXABLE	0.00
	SUBTOTAL	330.75
	TD DISCOUNT	-33.08

TAX AMOUNT 26.05

TOTAL	323.72
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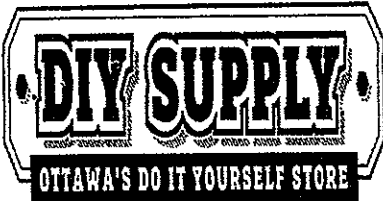
BANKCARD PAYMENT
 BKCRD# XXXXXXXXXXXX1016

323.72

TOT WT: 3290.00
 MID: 00006618409

APP: 028921 XR: 170272

X _____
 Received By



DIY SUPPLY Ottawa
2204 S PRINCETON C
OTTAWA, KS 66

PHONE: (785) 242

Thank you for shopping at
DIY SUPPLY Ottawa #2107
(785) 242-8200

CUST NO: *9 JOB NO: 000 PURCHASE ORDER: REFERENCE: 1

SOLD TO:
**** CASH ****

SHIP TO:

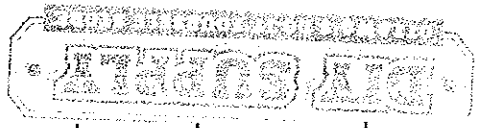
901 SALE
With your original receipt you may return the items to one of the store locations listed above within 30 days of original purchase for an exchange or refund. All merchandise must be unused in new condition with all packaging, parts, and original documentation included. Your refund will be made in the same form as the original payment, cash, check, or credit. If a refund payment was made by check, there will be a 30 day waiting period for the refund to be processed. In excess of \$100 may be refunded by check from our general office.

If however your purchase does not meet your needs, we offer the following return options:

Your Satisfaction Is Our Goal

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION
1	35	35	EA	1290915	PORTLAND CEMENT 94LB MFG part# 1124-94
2	2	2	EA	5040001	PALLET QUIKRETE MFG part# Q PALLET

Customer
SV22
+
SV23



** PAID IN FULL ** 403.19 TAXABLE 370.75
NON-TAXABLE 0.00
SUBTOTAL 370.75

TAX AMOUNT 32.44
TOTAL 403.19

BANKCARD PAYMENT
BKCRD# XXXXXXXXXXXXX0479

403.19



TOT WT: 3290.00
MID: 000006618409

APP: 027548 XR: 17027002

X
Received By

CMI - OTTAWA

113 East 1st

Ottawa, KS 66067

Phone : (785) 242-1572 Fax : (785) 242-0929

Invoice # 506101

Taken On : 06/11/2014 at 11:37 AM

Date Printed: 06/11/2014 at 11:37:41 AM

Sold To Cash Sale
113 E 1st
Ottawa KS 66067

ShipTo Cash Sale
113 E 1st
Ottawa KS 66067

Tax Category : (10) Taxable Sales (8.75%)

Account Rep : (1) Butch

Sales Clerk : (1) Butch

Account # 3077

Ordered By :

PO #

Qty Ord	Qty Ship	UOM	Item Number	Description	List Price	Unit Price	Extended
35	35	Each	P	PORTLAND 94# TYPE 1	12.66	10.9900	384.65
1	1	EA	QRP	QUICKRETE PALLETS	15.00	15.0000	15.00
1	1	Box	798568	8210 MASK,DUST & MIST	1.15	22.9900	22.99

SV22
*
SV23

Cash : \$0.00	Check : \$0.00	Credit Card : \$459.62	On Account : \$0.00
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Credit Card : XX2801

Thank You

SubTotal :	\$422.64
Discount :	\$0.00
Deposit :	\$0.00
Tax (8.75%) :	\$36.98
Shipping :	\$0.00
Total :	\$459.62
Tendered :	\$459.62
Change Due :	\$0.00
Amount Due :	\$0.00

SV-22

LEASE NAME *Vandyke*
 WELL *SV-22*
 SURFACE PIPE *2"*
 PRODUCTION:

OPERATOR *Utah Oil*
 LOCATION *Miami*
 LEASE ACRES *20'*
 CEMENT/BAGS *5*
 PIPE SIZE:

START DATE *5-29-14*
 API

Rig 2

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
3	Soil/Clay		3	13	Shale		322
16	Lime		19	4	Lime		326
2	Coal		21	2	Coal		328
2	Shale		23	5	Shale		333
22	Lime		45	3	Lime		336
5	Shale		50	5	Grey Sand	No Oil Show	341
2	Lime		52	3	Shale		344
4	Shale		56	17	Lime		361
1	Lime		57	6	Shale		367
1	Shale		58	3	Lime		370
5	Lime		63	3	Shale		373
4	Shale		67	3	Lime		376
5	Lime	KC	72	10	Shale		384
12	Shale		84	5	Lime		389
11	Sand	Little Bleed	95	2	Shale		391
4	Shale		99	5	Lime		396
4	Sand	No Oil Show	103	22	Shale		423
11.4	Shale		217	1	Lime		424
4	Sand	No Oil Show	221	4	Shale		428
9	Grey Sand	No Oil Show	230	1	Grey Sand	No Oil Show	429
6	Lime		236	3	Shale	Broken Sand Core Point	432
1	Sand/Broken	No Near but had Oil	237			Core Point	
1	Sand/Broken	Little Bleed	238				
1.5	Sand/Solid	Little Bleed	239.5	4	Sand	Broken 50% Good Bleed	446
5	Lime		244.5	5	Sand	Solid Good Bleed	446.5
6.5	Shale		251	1.5	Sand	Broken 50% Good Bleed	448
8	Grey Sand	No Oil Show	259	1	Sand	Broken 20% Little Bleed	449
13	Shale		272	13	Shale	TD	452
5	Lime		277				
8	Shale		285			1st Core 237-255	
6	Lime		291			2nd Core 432-442	
7	Shale		298			TD 452	
9	Lime		307			Plugged Hole	
1	Shale		308			Wagon	
1	Lime		309				