

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1221241

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 #	API No. 15 -		
Name:	Spot Description:		
Address 1:	SecTwpS. R 🔲 East 🗌 West		
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from _ East / _ West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()	□NE □NW □SE □SW		
CONTRACTOR: License #	GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:		
☐ Oil ☐ WSW ☐ 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: ☐ Well Name:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.		
Original Comp. Date: Original Total Depth:			
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Commingled Permit #: Dual Completion Permit #: SWD Permit #:	Chloride content:ppm Fluid volume:bbls Dewatering method used: Location of fluid disposal if hauled offsite:		
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name: Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec. TwpS. REastWest 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:

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Operator Name: Lease Name: _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
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 Yes
 ■
 Yes
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 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



269729

LOCATION 04 towa KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7.15.14	4370	Sawyer	+12		SW 29	14	22	Vo
CUSTOMER		· , , , ,	<i>پ</i>			T DRIVER		
MAILING ADDRE	I seum 1 4	ch na logi	es uce.	-	495	Har Bec	TRUCK#	DRIVER
_		الما مل	,		675	Ki Dex		
CITY CITY	1 47th 64	STATE	ZIP CODE	1	7/2	Fre Mad		
Kansas	City	Mo	64112		503	Mik Fox /	Ea War	
JOB TYPE LO		HOLE SIZE	57/8	→ HOLE DEPTH		CASING SIZE & W	VEIGHT 2%	FUF
CASING DEPTH		DRILL PIPE		_ _TUBING			OTHER	
SLURRY WEIGH	IT	SLURRY VOL_		WATER gal/s	.k	CEMENT LEFT in		Plus
DISPLACEMENT	5.16BBL	DISPLACEMEN	IT PSI	MIX PSI		RATE 58P		
REMARKS: H	ald Ore	w Safe	in max	mg E 5)	bablish p	omo rax.	MixxX	Um 1
100 # (sel Flus	h. Mi	x + Pun	n8 11	8 SK3 3	-0/50 Poz	Mix Cem	ent
2% Cm	1 4# F	a Seal	<u> </u>	ement	to Su	Itace Flo	ush pum	0 +
- Lives	clean.	Displa			, ,	to cash	S TD.	
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Shut	in Cas	leg.		•				
						- J 0	7010	
Evan	s Energ	gy Dav.	Juc-	Travis		Jud	Made	
ACCOUNT	QUANITY	or LIMITS	D	ESCRIPTION of	SERVICES or PR	ODUCT		
CODE	QUARITY	OI ONITS	ļ <u></u>	E3CKIF I ION O	SERVICES OF PR		UNIT PRICE	TOTAL
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5406		30mi	MILEAGE			495		12600
5402	1 .	<u>ጽ</u> フ	Casin		age			N/c
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						7.375/0	SALES TAX	7943
Ravin 3737							ESTIMATED	
AUTHODISSIO				*1**			TOTAL	2882 S
AUTHORIZTION				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



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG

Petroleum Technologies, Inc. Sawyer #12 API #15-091-24,319 July 14 - July 15, 2014

Thickness of Strata	Formation	Total
13	soil & clay	13
23	shale	36
11	lime	47
7	shale	54
13	lime	67
10	shale	77
16	lime	93
22	shale	115
26	lime	141
7	shale	148
14	lime	162
6	shale	168
34	lime	202
15	shale	217
9	lime	226
20	shale	246
5	lime	251
5	shale	256
7	lime	263
34	shale	297
2	lime	299
9	shale	308
23	lime	331
8	shale	339
25	lime	364
4	shale	368
14	lime	382 base of the Kansas City
171	shale	553
6	lime	559
2	shale	561
13	lime	574
5	shale	579 brown & green light oil show
4	broken sand	583
10	shale	593
3	lime	596
2	shale	598
1	coal	599
10	shale	609
4	lime	613

Oawvei #12	Saw	ver	#1	2
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28	shale	641
2	lime	643
80	shale	723
5	broken sand	728
11	shale	739
1	coal	740
3	shale	743
3	lime	746
42	shale	788
10	sand	798 ·
14	shale	812
1	coal	813
22	shale	835
9	broken sand	844
6	shale	850
3	broken sand	853
54	shale	907 TD

Drilled a 9 7/8" hole to 21.6' Drilled a 5 5/8" hole to 907'

Set 21.6' of 7" casing cemented with 5 sacks cement.

Set 887' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.