



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221247
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: _____



1221247

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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

269616

TICKET NUMBER 47360

LOCATION Ottawa, KS

FOREMAN Casa, 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
7/1/14	6370	Sawyer # 18	SW 29	14	22	JO
CUSTOMER Petroleum Technologies Inc.			TRUCK #			
MAILING ADDRESS 801 W. 47th St.			DRIVER		TRUCK #	
CITY Kansas City			DRIVER		TRUCK #	
STATE MO			DRIVER		TRUCK #	
ZIP CODE 64112			DRIVER		TRUCK #	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>928'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>898'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>5.20 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 bpu</u>

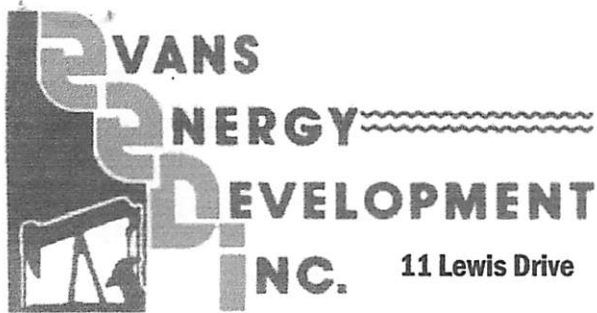
REMARKS: at 800 PSI held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 123 sks 50/50 Pozmix cement w/ 2% gel & 1/4 # Floreal per sk, cement to surface, flushed pump clean, pulled 2 1/2" rubber plug to casing, TD w/ 5.20 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	30 mi	MILEAGE		126.00 ✓
5402	898'	casing footage		— ✓
5407	minimum	ton mileage		368.00 ✓
5502c	2 hrs	80 Vac		200.00 ✓
1124	123 sks	50/50 Pozmix cement	1414.50	✓
1118B	407 #	Premium Gel	89.54	✓
1107	31 #	Floreal	76.57	✓
		materials subtotal	1580.61	✓
		-30%	474.18	✓
		subtotal		1106.43 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			3507.86	
			7.375%	
		SALES TAX		83.78 ✓
		ESTIMATED TOTAL		2998.71 ✓

AVIN 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.



11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Petroleum Technologies, Inc.

Sawyer #18

API #15-091-24,321

June 30 - July 1, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
30	shale	43
5	lime	48
2	shale	50
17	lime	67
8	shale	75
9	lime	84
10	shale	94
20	lime	114
17	shale	131
22	lime	153
6	shale	159
11	lime	170
2	shale	172
41	lime	213
18	shale	231
9	lime	240
19	shale	259
7	lime	266
7	shale	273
6	lime	279
44	shale	323
24	lime	347
8	shale	355
23	lime	378
4	shale	382
15	lime	397 base of the Kansas City
172	shale	569
7	lime	576
9	shale	585
8	lime	593
14	shale	607
4	lime	611
2	coal	613
10	shale	623
2	lime	625
78	shale	703
2	lime	705
21	shale	726

13	broken sand	739
94	shale	833
2	lime	835
11	shale	846
0.5	broken sand	846.5
1.5	oil sand	848
2	broken sand	850
2.5	broken sand	852.5
3.5	oil sand	856
3.5	broken sand	859.5
68.5	shale	928 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 928'

Set 22.6' of 7" casing cemented with 5 sacks cement.

Set 898' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.