



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221748
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: _____



1221748

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**OWENS PETROLEUM SERVICES, LLC
DRILLER'S LOG**

Operator: Red Cloud Kevin Syllg

Lease / Well #: Loeber 4-10

API #: 15-207-21671-0000 19-28-16

	Date		Date		Date
Spud/Surface	8-23-10	Drilled to TD	08-26-10	Logged	1" / pump
Set Surface	9-23-10	Run/Casing		Perforated	Lead Line/Elec
Spud/Casing	8-24-10	Cemented LS		Frac	Closed Pit

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	9 1/2"	7"		40'	Munich	20	
Casing:	5 1/2"						
Frac:							

Driller's TD:	ft	Logger's TD:	ft	Fluid Volume:	bbls
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Surface Bit and Subs: 3.70'
 Kelly: Top of Groove to Square: 22.60'
 Footage Above Ground Level: _____ Total

Bit and Sub	FOOTAGE:	FORMATION:	TOTAL:
Bit and Sub	1.90	0-1 fops...	
1st Collar	19.90	1-24-clay 24-40 shale	
2nd Collar	20.00		
Joints: 1	62.6	S	
2	87.4	S	
3	104.2	L 100 -	
4	125.0	L -	
5	145.8	L-146 L149-157 L159	
6	166.6	L -	
7	187.4	L -	
8	208.2	L-215 shale 219 L224-228	
9	228.1	L 236-242	
10	248.8	S	
11	264.5	L 282 -	
12	270.2	L-392 L283 -	
13	310.9	- L	
14	331.6	L 353-355 L356 -	
15	352.3	388-390 L 380	
16	377.0	L -	
17	397.7	L-386 L387 -	
18	414.4	L-423 shale	
19	435.1	S	
20	455.8	S	
21	476.5	S	
22	497.2	S	
23	517.9	S	
24	538.6	S	

	FOOTAGE:	FORMATION:	TOTAL:
26	558.3	S	557-559 coal
26	580.0	S	lime streaks
27	600.7	L 601-603 603-605 red shale	L 606 - 616 blk shale
28	621.4	shaly lime	
28	642.1	L 646-648 L 655-	
30	662.2	-664 L 667-671 L 676-	
27	682.5	-684 L 687-689 blk shale L-	
28	704.2	-707 L 709-711 L 712-717	
38	724.9	733 928 odor L 740-	
34	745.6	L- 751-752 odor 752-753 shale 754-756 odor 756 hard lime	
38	766.3	shale L 767-768 coal	
38	787.0	L 800-803 803-805 shale 805-808 shale 808-810 mostly shale 810-814	
27	807.7		
28	828.4	Shale	
28	849.1		
40	862.8		
41	890.5		
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SIN 798
 RIG TD 868
 PIPE TD 862'

Kepley Well Service, LLC
 19245 Ford Road
 Chanute, KS 66720

8/25/2010 A-45206

Cement Treatment Report

Red Cloud Exploration Operating LLC
 ATTN: Kevin Sylla
 161 St. Andrews Drive, 3rd Floor
 Lawrence, KS 66047

(x) Landed Plug on Bottom at 700 PSI
 (x) Shut in Pressure 700
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Shut in

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 5/8"
 TOTAL DEPTH: 868

Well Name	Testing	Days Done	Description of Materials		Qty	Per Barrel Price/Weight Price	Amount
Weber	Not 15 days	9/9/2010					
			Cement 2 7/8"		862	3.00	2,586.00
			Sales Tax			7.30%	0.00
<div style="border: 2px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> Weber #4-10 Woodson County Section: 19 Township: 25 Range: 16 </div>							

Hooked onto 2 7/8" casing. Established circulation with 6 barrels of water, 3 GEL, 1 METSO, COTTONSEED ahead, blended 96 sacks of OWC cement, dropped rubber plug, and pumped 5 barrels of water

Total	\$2,586.00
Payments/Credits	\$0.00
Balance Due	\$2,586.00