



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1221749  
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: \_\_\_\_\_



1221749

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**OWENS PETROLEUM SERVICES, LLC  
DRILLER'S LOG**

Rig TO  
895'

Operator: Red Cloud

Lease / Well #: Reno 5-09

API #: 15-207-27538-0000

Spud/Surface	Date	Drilled to TD	Date	Logged	Date	1" / pump
Set Surface	3-17-09	Run/Casing	3-19-10	Perforated		Lead Line/Elec
Spud/Casing	3-17-09	Cemented LS	3-22-10	Frac		Closed Pit

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	9 1/2"	7"		40'	Portland	20	
Casing:	5 7/8"	2 1/2"		871	Kelly Well Service		
Frac:							

Driller's TD:	<u>895</u> ft	Logger's TD:		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

FOOTAGE:      FORMATION:      TOTAL:

Bit and Sub	FOOTAGE	FORMATION	TOTAL
Bit and Sub	1.90		
1st Collar	19.90		
2nd Collar	20.00	shale	
Joints: 1	41.8	shale	
2		shale	
3		105 lime	
4		lime & shale	
5		lime	
6		lime	
7		lime shale	
8		shale	
9		shale	
10		250 lime      blk shale 260	
11		lime 272      shale lime	
12		lime	
13		lime	
14	332.0	blk shale 340      lime 343	
15	353.8	358 blk lime      377 shale	
16	374.6	380 lime	
17	395.4	lime      shale 412	
18	416.2	shale	
19	437.0	shale	
20	457.8	shale	
21	478.6	shale	
22	499.4	shale	
23	520.2	shale	
24	541.0	shale	

Reno #4 700' top of sand elev 710

Run 5-09

	FOOTAGE:	FORMATION:	TOTAL:
	25 561.8	shale	
	26 582.6	lime shale	
	27 603.4	lime and shale	
	28 624.2	shale	
	29 645.0	shale	
	30 665.8	672 lime - 675 shale	
	31 686.6	lime 684-696 702	
3-19-09	32 707.4	lime 716 blk shale 718	
	33 728.2	lime 734 ODOR 741-743 lime	
	34 749.0	lime 756-758 shale blk 778 odor	
	35 769.8	shale shale 770 778 776 oil show 788-794 looked best	
	36 790.6	788-794 looked best	
	37 811.4	shale	
	38 832.2	shale	
	39 853.0	shale	
	40 873.8	shale	
	41 894.6	shale	
	42 <del>915.4</del>		
	43		
	44		
	45		
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SN 770'  
Rig TD 895'

Janell Bidwell <bidwell@redcloudexploration.com>  
 Fwd: Weber 4-10, 2-10 Reno 5-09 Cement Tickets

3 Attachments, 2.5 MB

Begin forwarded message:

**From:** Janell Bidwell  
**Subject:** Weber 4-10, 2-10 Reno 5-09 Cement Tickets  
**Date:** Monday, 28 February 2010  
**To:** Janell Bidwell  
**Cc:** Janell Bidwell

From: "KEPLEY WELL SERVICE, LLC" <info@kepleywell.com>

TO:

Janell Bidwell  
 Red Cloud Exploration  
 161 St. Andrews Drive, 3rd Floor  
 Lawrence, KS 66047  
 TEL: 785-842-1185

**Kepley Well Service, LLC**

19245 Ford Road  
 Chanute, KS 66720

<b>Date</b>	<b>Invoice #</b>
3/24/2010	A-44888

**Cement Treatment Report**

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

Landed Plug on Bottom at 600 PSI  
 Shut in Pressure  
 Good Cement Returns  
 Topped off well with \_\_\_\_\_ sacks  
 Set Float Shoe - shut it

TYPE OF TREATMENT: Production Casing  
 HOLE SIZE: 5 5/8"  
 TOTAL DEPTH: 895

Well Name	Terms	Due Date		
Reno	Net 15 days	4/8/2010		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	870	2.80	2,436.00	
Sales Tax		6.30%	0.00	

Reno 5-09  
 Woodson County  
 Sec:  
 Twn: 21  
 Rge: 25  
 API: 17