



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221751
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: _____



1221751

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: 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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**OWENS PETROLEUM SERVICES, LLC
DRILLER'S LOG**

Operator: Red Cloud 20-25-17

Lease / Well #: Furcell 4-10

API #: 15-207-27593-0000

	Date	Date	Date	Date
Spud/Surface	5-3-10	Drilled to TD	05-5-10	Logged
Set Surface	5-3-10	Run/Casing		Perforated
Spud/Casing	5-4-10	Cemented LS		Frac

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	9 7/8	7"		40	monarch	20	-
Casing:	5 7/8						
Frac:							

Driller's TD:	ft	Logger's TD:	ft	Fluid Volume:	bbbls
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Surface Bit and Subs: 3.70'

Kelly: Top of Groove to Square: 22.60'

Footage Above Ground Level: 1 Total

FOOTAGE: FORMATION: TOTAL:

Bit and Sub	1.90	FORMATION	TOTAL
1st Collar	19.90	1-4 top soil 1-4 clay 4-9 river gravel 7' lime shale 11-12	
2nd Collar	20.00	lime - 23.5 - shale	
Joints:	62.6	shale	
	83.4	shale	
	104.2	shale	
	125.0	132 lb streaks L138 -	
	145.8	-	
	166.6	-168 L173-174 L179-	
	187.4	-187 L189-190 soft lime -	
	208.2	soft lime - 230 L244-242	
	229.0		
	249.8	L250-253 L254-255 L266	
	270.6	shale	
	291.4	L 320-323 L 325	
	312.2	lime	
	333.0	L388 soft	
	353.8	- 370 and lime ->	
	374.6	-> 375 soft -> 377 - 387	
	395.4	Lime -> 383-387-389 389L - 393	
	416.2	-> 424 L426-428 L430 ->	
	437.0	-> 442 L444-458 shale	
	457.8	shale	
	478.6	shale	
	499.4	shale	
	520.2	shale	
	541.0	shale	

Red Cloud 4-10

	FOOTAGE:	FORMATION:	TOTAL:
25	561.8	shale	
26	582.6	shale	
27	603.4	BK shale 610-612 shale	
28	624.2	L 633 635 Red 646 675-676 L 676-677	
29	645.0	shale	
30	665.8	L 673-674	
31	686.6	shale	
32	707.4	L 714-717 L 722 724-726 coal	
33	728.2	L 738-742	
34	749.0	L 749-752 760-762 coal	
35	769.8	L 774-777 L 782 787-788 lime ^{show} 788-790 clay ^{show}	
36	790.6	L 800-803 L 806 790-792 807-809 coal	
37	811.4		
38	832.2	876 hard spot 836-838 clay ^{show} 838-842 ^{show} 842-846 ^{show}	
39	853.0	846-850.5 sandy shale	
40	873.8		
41	894.6		
42	915.4		
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TD 900
SN 828

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date

5/6/2010

Invoice #

A-44955

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
- (x) Good Cement Returns
- () Topped off well with _____ sacks
- (x) Set Float Shoe - shut it

TYPE OF TREATMENT: Production Casing
HOLE SIZE: 5 5/8"
TOTAL DEPTH: 900

Well Name	Terms	Due Date		
Purcell	Net 15 days	5/21/2010		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	888	3.00	2,664.00	
Sales Tax		6.30%	0.00	

Purcell #4-10
Woodson County
Section: 20
Township: 25
Range: 17

Hooked onto 2 7/8" casing. Established circulation with 2 barrels of water, 4 GEL, 1 METSO, COTTONSEED ahead, blended 126 sacks of OWC cement, dropped 2 rubber plugs, and pumped 5 barrels of water

Total	\$2,664.00
Payments/Credits	\$0.00
Balance Due	\$2,664.00