



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222627
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: _____

1222627

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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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1446**
 Foreman Steve McQuinn
 Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
2-27-14	1011	Schindler # 12				Greenwood	KS	
Customer Virgil Johnson dba J-G Oil Co.			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address 2052 Flint Hills Dr					104	Aladdin		
City Madison					111	Russell		
State KS					113	Shannon F		
Zip Code 66860					145	Fel S		
					140	Allen B		

Job Type 4/5 Hole Depth 2168' Slurry Vol. 36 bbls 55 bbls Tubing _____
 Casing Depth 2167' Hole Size 7 7/8 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 155# Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 1st Stage 52115 Displacement PSI 500# 500# Bump Plug to 1000# 1760# BPM _____
2nd Stage 341/2

Remarks: Safety Meeting. Rig up to 5 1/2 casing. Break circulation w/ fresh water. Pump 10 bbls ahead
Mix 110 SKs thick set cement w/ 5" Kel-Seal, 2" phenoseal mix. Washout pump & lines. Shut down
Release latch down plug. Displace w/ 52115 fresh water. Final pumping pressure 500# Bump Plug 1000#
plug held. Drop Bomb. Wait 12 min. Pressure well up to 1250# open DV
Tool. Pump 5 bbls fresh water. Shut down. Circulate well by mud pump. 5 bbl cement slurry
to pit. Circulate in well 2 hrs. Land plug in cement head. Break circulation
w/ 6 bbls fresh water. Mix 200 SKs 6/40 pozmix cement 6% Gel, 1" phenoseal
mix. Washout pump & lines. Shut down. Release plug. Displace w/ 34 1/2 bbls
fresh water. Final pumping pressure 500#. Bump Plug 1760# wait 2 min Release pressure
plug held Good cement return to surface 28 bbl to pit.
Job complete Rig down

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	30	Mileage	3.95	118.50
C201	110 SKs	Thick Set Cement	19.50	2145.00
C207	550 #	Kel-Seal 5" per/sk	.45	247.50
C208	220 #	PhenoSeal 2" per/sk	1.25	275.00
C203	200 SKs	6/40 Pozmix Cement	12.75	2550.00
C206	1030 #	Gel 6%	.20	206.00
C208	200 #	PhenoSeal 1" per/sk.	1.25	250.00
C105 A	14.65 ton	Flint Hills Bulk Truck 111"-113"	m/c 12	690.00
C113	4 hr	80 bbl Use Truck	85.00	340.00
C114	4 hr	Water Transport	110.00	440.00
C204	8700 gallons	City Water	10.00/1000	87.00
C601	1	5 1/2 Cement Basket	225.00	225.00
C661	1	5 1/2 AFU Float Shoe	294.00	294.00
C776	1	5 1/2 DV Tool	3325.00	3,325.00
<u>Thank You</u>				
				7.15%
Subtotal				12,243.00
Sales Tax				686.72
Authorization Witness by <u>Virgil Johnson</u> Title <u>owner</u>				Total 12,929.72

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1420
 Foreman Siva Neal
 Camp Eureka

API 15-073-24210

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-19-14	10M	Schindler #12	27	23S	13E	Greenwood	KS
Customer			Unit #		Driver		State
Virgil Johnson dba 3-G Oil Co			102		Chris B		KS
Mailing Address			111		Chris A		
2052 Flint Hills Dr.							
City		State	Zip Code				
Madison		KS	66860				

Job Type Surface Hole Depth 44' Slurry Vol. _____ Tubing _____
 Casing Depth 42' Hole Size 12 1/4" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 5/8" Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 2 3/4" Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting. Rig up to 5 5/8" casing. Break circulation w/ Fresh water. Mix 40 SK Class A Cement w/ 3% CaCl2, 2% Gel. Displace w/ 2 3/4" lbs. Shut well in. Good cement Returns to surface. Job complete. Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	30	Mileage	3.95	118.50
C200	40 SKs	Class A Cement	15.00	600.00
C205	115 ^{lb}	CaCl2 3%	.60	69.00
C206	75 ^{lb}	Gel 2%	.20	15.00
C108A	1.88	Ten Mileage Bulk Truck	m/c	345.00
			Subtotal	1987.50
			2.15% Sales Tax	42.74
Authorization <u>Call-5 by Ben</u> Title <u>Toolpusher SKY Drilling</u>			Total	2030.24

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