



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224684
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: _____



1224684

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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GLOBAL CEMENTING, L.L.C.

1343

REMIT TO 18048 170RD
RUSSELL, KS 67665

15-051-26700

SERVICE POINT: Russell

DATE <u>5-26-14</u>	SEC. <u>23</u>	TWP. <u>15</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>1:15am</u>	JOB FINISH <u>1:45am</u>
LEASE <u>Shemel</u>		WELL #. <u>4</u>	LOCATION			COUNTY <u>Ellis</u>	STATE <u>KS</u>
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR She. Id's

TYPE OF JOB Long Surface

HOLE SIZE 12 1/4 T.D. 1171

CASING SIZE 8 5/8 DEPTH 1171

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 900psi MINIMUM 100psi

MEAS. LINE SHOE JOINT 21.00

CEMENT LEFT IN CSG. 21.00

PERFS

DISPLACEMENT 73 3/4 bbl

EQUIPMENT

PUMP TRUCK CEMENTER Heath

81 HELPER Cody - Brod

BULK TRUCK

81 DRIVER Eric

BULK TRUCK

DRIVER

OWNER

CEMENT AMOUNT ORDERED 450sv com 3%cc 2%gel

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

REMARKS:

Run 28 HS of 8 5/8 casing and landing it
Est Circulation with mud pump
hooked up and mix 450sv com 3%cc 2%gel
and shut down release plug and disp 73 3/4
bbl H2O - 1.000g pressure @ 500psi - plug
loaded @ 900psi - shut in @ 500psi
Cement Did Circulate.

CHARGE TO: Tri-United TMO

STREET

CITY STATE ZIP

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME George Begler

SIGNATURE George Begler

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

2579 Rubber Plug @

8579 Basile Plate @

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

Geological Report

Tri United Inc, Operator
Eugene leiker, Geologist
Well name, Stremel #4
NW-NW-NW 23-15s-18w
Ellis Co, Kansas
API# 15-051-26700-00-00

Elevation: 1995 GL
2000 KB

Field:
Leiker Southeast

General: Contractor: Shields Drilling
Commenced: 5-24-2014
TD Reached; 6-2-2014
RTD; 3652'

Casing Record; 8 5/8 set at 1171'
450 sks common Cement
3% cc 2% gel
5 1/2 set at 3644'
125sks ASC Cement

Pertinent Data:

	Log Tops (KB)	
Anhydrite	1168'	#832
Heebner Shale	3243'	-1234
LKC	3281'	-1281
B-KC	3506'	-1506
Arbuckle	3564'	-1564
RTD	3652'	-1652

Zones Of Interest:

LKC

3305-3312 Limestone, crm-lt Brn, Fine crystalline porosity, Slight Saturation, Slight Odor, Slightly scattered free oil.

3320-3330 Limestone, crm-lt Brn, Similar to above sample, inter Crystalline, porosity, Fair staining, Slight show of oil, Lt Odor.

3354-3360 Limestone, Grey to White, poor porosity, Pin Point with scattered shows of oil, Lt Odor.

Arbuckle

3564-3576 Dolomite, White, Surcosic Medium Grained, with Few Peices being Rhombic porosity, Strong Odor, Distinct Arb Odor, Good Saturation throughout. Fair amount of Live Gassy free Oil.

3576-3652 Dolomite, White, Surcosic, Fair odor, Good saturation, Shows of Oil, and Odor, Samples decreased in shows as the depth got greater.

Continued

Geological Report

Recomendation:

This well being structurally favorable in the Arbuckle top section, along with the good amount of porosity and live Oil, It is recommended to set pipe through the arb and perf the upper Part, Also before abandonment the upper Lansing should be Tested. This well Had good circulation and samples through out entire drilling operations.

Respectfully Submitted

Eugene E Leiker

Eugene E. Leiker