



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221738
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 |
|-----------------------------------|-----------------|---|

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: _____

1221738

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 |
|--|---|

| 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 |
|----------------|--|---|

| | |
|---|--|
| 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> _____ |
|---|--|

| 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: _____ _____ |
|--|---|---|



CONSOLIDATED
Oil Well Services, LLC

API # 15-103-21414-00.00

269026

TICKET NUMBER 47316

LOCATION Ottawa

FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------|------------|--------------------|---------|----------|-------|--------|
| 10.20.14 | 2345 | L. Heintzelman 7 | NE 27 | 8 | 21 | LV |

CUSTOMER
Daystar Petroleum

MAILING ADDRESS
P.O. Box 560

CITY
Eureka

STATE
KS

ZIP CODE
67045

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|---------|---------|---------|
| 730 | Al Mad | Safety | Meat |
| 368 | Ar McJ | | |
| 675 | Kei Del | 510 | Trotter |
| 558 | Mar Coc | | the Bee |

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 1530 CASING SIZE & WEIGHT 5 1/2, 14#

CASING DEPTH 1512 DRILL PIPE Gallego 1486.15 OTHER 8' Land sub

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT 36.45 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Held meeting, rig up. Established circulation with rig water. Mixed & pumped 1/2 gal ESA 41 with 500 gal water for mud flush. Mixed & pumped 250 sk 60/40 cement plus 6 bags of 1# phenoseal per sack. Mixed & pumped 50 sk Thickset cement with 5# hol seal per sacks. Flushed pump. Pumped 5 1/2 latch down plug to baffle with City water. Mixed 1/2 of 60/40 cement and all of Thickset with City water. Circulated 15 bbl cement returns

Kan. Drill

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | 368 | 1085.00 |
| 5406 | 70 | MILEAGE | 368 | 294.00 |
| 5402 | 1512 | casing footage | 368 | 347.76 |
| 5407A | 805 | ton miles | 510 | 1195.05 |
| 5407 | min | ton miles | 558 | 368.00 |
| 5502C | | 80 val bar | 675 | N/C |
| 1126A | 50 sk | Thick set cement | 1008.00 | |
| 1131 | 250 sk | 60/40 cement | 3295.00 | |
| 1118B | 1290 # | gel | 283.80 | |
| 1110A | 250 # | hol seal | 115.00 | |
| 1107A | 250 # | Pheno seal | 332.50 | |
| | | less 30% materials | -1511.79 | 3527.51 |
| 1123 | 3000 gal | city water | | 51.90 |
| 1143 | 1/2 gal | ESA 41 | | 21.21 |
| 4104 | 1 | 5 1/2 cement basket | | 240.00 |
| 4130 | 6 | 5 1/2 centralizer | | 303.00 |
| 4159 | 1 | 5 1/2 AFU plug shoe | | 361.00 |
| 4454 | 1 | 5 1/2 latch down plug | | 266.25 |
| | | SALES TAX | | 341.14 |
| | | ESTIMATED TOTAL | | 8349.39 |

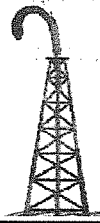
AUTHORIZATION [Signature] TITLE Pres. DATE 10/24

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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



**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. 1348
 Foreman Steve Mead
 Camp Eureka

| Date | Cust. ID # | Lease & Well Number | Section | Township | Range | County | State | |
|---|------------|--------------------------|----------------|----------|--------|-------------|--------|--------|
| 6-16-14 | 1081 | L Heintzelman #7 | 27 | 8 | 21E | Leavenworth | Ks | |
| Customer <u>Dartco Petroleum Inc</u> | | | Safety Meeting | | Unit # | Driver | Unit # | Driver |
| Mailing Address <u>5 N. Main St.</u> | | | | | 104 | Alan M. | | |
| City <u>Eureka</u> | | | | | 113 | Chris M. | | |
| State <u>Ks</u> | | Zip Code <u>67045</u> | | | | | | |

Job Type Surface Hole Depth 95' Slurry Vol. _____ Tubing _____
 Casing Depth 85' GL Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 23" Cement Left in Casing 10' Water Gal/SK _____ Other _____
 Displacement 5 1/2 Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 3/4 casing. Break circulation w/ Fresh water wash casing down about 2'. Lost circulation. Mix 11ccth Gel & 9ccth Halls. Get circulation back mix 16lb^l Dye water. Mix 62sk Class A Cement w/ 3% Coc12, 2% Gel. Displace w/ 5 1/2 bbl Fresh water. Shut well in. Didn't Circulate Cement to surface. Wait 30min. Run string line Tag Cement 7' down.
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 | 1cc | Mileage | 3.95 | 395.00 |
| C200 | 62sk | Class A Cement | 15.00 | 930.00 |
| C205 | 175 ^l | Coc12 3% | .60 | 105.00 |
| C206 | 115 ^l | Gel 2% | 2.00 | 23.00 |
| C108A | 2.91 | Ten mileage Bulk Truck | nil | 345.00 |
| | | | Subtotal | 2638.00 |
| | | | 7.15% Sales Tax | 75.65 |

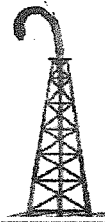
Authorization Called by Dianne Kas Dill Title _____ Total 2713.65

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. **1349**
 Foreman Steve Moad
 Camp Eureka

| Date | Cust. ID # | Lease & Well Number | Section | Township | Range | County | State | |
|--|------------|--------------------------|---------|----------|---------|-------------|--------|--------|
| 6-17-14 | 1031 | L Heintzelman 77 | 27 | 8 | 21E | Leavenworth | Ks | |
| Customer <u>Daystar Petroleum, Inc.</u> | | | Unit # | | Driver | | Unit # | Driver |
| Mailing Address <u>522 N. Main St</u> | | | 102 | | Chris B | | | |
| City <u>Eureka</u> | | | 110 | | Chris M | | | |
| State <u>Ks</u> | | Zip Code <u>67045</u> | | | | | | |

Job Type Topside Hole Depth 55' Slurry Vol. _____ Tubing 1"
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting. Run 1" Tubing down Backside of surface pipe. 55' mix 34 SKS Class A cement w/ 3% CuCl2, 2% Gel. Pullout 1" Tubing wait 2hrs. Cement down 1" 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 | 100 | Mileage | 3.95 | 395.00 |
| C200 | 34 | Class A Cement | 15.00 | 510.00 |
| C205 | 95 ^{lb} | 3% CuCl2 | .60 | 57.00 |
| C206 | 60 ^{lb} | 2% Gel | .20 | 12.00 |
| C108A | 159 ^{hrs} | Tennilungo Bulk Truck | N/A | 345.00 |
| | | | Subtotal | 2159.00 |
| | | | 7.15% Sales Tax | 41.40 |

Authorization Call by Dennis Ken Drill Title _____ Total 2200.40

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.