



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224348
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: _____

1224348

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> _____				
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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Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	7/21/2014
Date Completed	7/22/2014

Operator	A.P.I #	County	State
L R Energy Inc.	15-125-32411-00-00	Montgomery	Kansas

Well No.	Lease	Section	Township	Range
12D-30	Gartner	30	32	14 E

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Oil	Billy Thornton	4	21' 2" 8 5/8	1022	6 3/4

0-12	DIRT	656-683	SHALE	896--901	SANDY SHALE
12-20	CLAY	683-687	LIME	901-904	SAND / GOOD ODOR & SHOW
20-95	SHALE	687-696	LMY SHALE	904-906	SANDY SHALE
95-101	LIME	696-730	SHALE	906-908	SAND
101-121	LMY SHALE	730-732	BLACK SHALE	908-916	SHALE
121-168	SHALE	732-735	SHALE	916-932	SANDY SHALE
168-176	LIME	735-737	LIME	932-950	SHALE
176-180	SHALE	737-746	SHALE	950-952	BLACK SHALE
180-237	SAND/ DAMP	746-748	BLACK SHALE	952-973	LIME
237-380	SHALE	748-758	LIME	973-976	BLACK SHALE
380-393	SANDY SHALE	758-777	SAND	976-977	LIME
393-396	BLACK SHALE	777-807	SHALE	977-980	BLACK SHALE
396-408	SAND / DAMP	807-819	LIME	980-981	COAL
408-410	SANDY SHALE	819-822	BLACK SHALE	981-986	SHALE
410-411	BLACK SHALE	822-825	LMY SHALE	986-987	LIME
411-424	SHALE	825-832	SHALE	987-1022	SHALE
424-426	BLACK SHALE	832-837	LIME	1022	TD
426-448	SHALE	837-841	SHALE		
448-461	SAND /DAMP	841-845	SAND		
461-471	LIME	845-850	SAND / LT ODOR		
471-480	SHALE	850-854	SHALE		
486	WENT TO WATER	854-867	SAND		
480-494	SAND	867-870	SAND / FAINT ODOR		
494-501	LIME	870-875	SAND / GOOD ODOR & SHOW		
501-503	SHALE	875-877	SHALE		
503-554	LIME	877-880	SAND / GOOD ODOR & SHOW		
554-566	SANDY SHALE	880-886	SANDY SHALE		
566-592	SAND	886-890	LAMINATED SAND		
592-653	SHALE	890-893	SAND / FAINT ODOR		
653-656	LIME	893-896	SAND		

MORNING COMPLETION REPORT

Report Called in by: MUGGER

Report taken by: _____

LEASE NAME & #	AFE#	DATE	DAYS	CIBP	PBTD:
GARTNER 12D-30		7/21/2014	1	DEPTH	TYPE FLUID
PRESENT OPERATION: DRILL OUT FROM UNDER SURFACE					WT
					VIS
DEEPEST CASING OD SHOE DEPTH	LINERS OD TOP & SHOE DEPTH	REPAIR DOWN TIME HRS	CONTRACTOR MOKAT		
			RIG NO		
		TEST PERFS	TEST PERFS		
PACKER OR ANCHOR	FISHING T OD	ID	TO		
			TO		
			TO		
HRS	BRIEF DESCRIPTION OF OPERATION				
	MIRU THORNTON DRILLING, DRILLED 11" HOLE, 21.8' DEEP, RIH W/1 JT 8 5/8" SURFACE CASING,				
	MIXED 4 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN.				

DAILY COST ANALYSIS

		DETAILS OF RENTALS, SERVICES, & MISC	
RIG	<u>700</u>	DRILLING	700
SUPERVISION	<u> </u>	CEMENT	60
RENTALS	<u> </u>	DIRTWORKS (LOC,RD, PIT,Dozer)	2500
SERVICES	<u>2500</u>	SURFACE CASING	350
MISC	<u>410</u>	LAND/ LEGAL	
DAILY TOTALS	<u>3610</u>	PREVIOUS TCTD	<u>0</u>
		TCTD	<u>3610</u>

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



**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1465**
 Foreman Steve Mead
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
7-24-14	1049	Gartner 12 D 30				ANG	KS	
Customer <u>L R Energy</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>5602 CR 2700</u>					<u>102</u>	<u>Dave G.</u>		
City <u>EIR CITY</u>					<u>110</u>	<u>Shannon F</u>		
State <u>KS</u>		Zip Code <u>67344</u>						

Job Type LS Hole Depth 1022 Slurry Vol. _____ Tubing _____
 Casing Depth 1010 Hole Size 6 3/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 16 1/2 bbls Displacement PSI 400* Bump Plug to 900* BPM _____

Remarks: Safety Meeting. Rig up to 4 1/2 casing. Pump 16 bbls ahead. Break circulation. Pump 500* Gel Flush + 5 bbl water spacer. Mix 100sk Thick set cement w/ 5* Kal-Sol + 1* Phenoseal per/sk. Shut down. Washout pumps & lines. Release Plug. Displace w/ 16 1/2 bbls. Final Pumping Pressure 400* Bump Plug 900* Wait 2 min Release Pressure. Plug held. Good Cement Returns to surface. 12 bbls to PT. Job complete Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	-	Mileage <u>2nd well</u>	-	-
C201	<u>110sk</u>	<u>Thick set Cement</u>	<u>19.50</u>	<u>2145.00</u>
C207	<u>550*</u>	<u>Kal-Sol 5* per/sk</u>	<u>.45</u>	<u>247.50</u>
C208	<u>110*</u>	<u>Phenoseal 1* per/sk</u>	<u>1.25</u>	<u>137.50</u>
C206	<u>500*</u>	<u>Gel Flush</u>	<u>.20</u>	<u>100.00</u>
C10813	<u>6.05</u>	<u>Ton Mileage Bulk Fluids</u>	<u>7.35</u>	<u>408.38</u>
C403	1	<u>4 1/2 Top Rubber Plug</u>	<u>45.00</u>	<u>45.00</u>
			Subtotal	<u>4133.38</u>
			Sales Tax <u>6.15%</u>	<u>164.51</u>
Authorization <u>[Signature]</u> Title <u>TS</u>			Total	<u>4297.89</u>

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.