



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1224528  
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: \_\_\_\_\_

1224528

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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	<b>7/18/2014</b>
Date Completed	<b>7/21/2014</b>

Operator	A.P.I #	County	State
<b>L R Energy Inc.</b>	<b>15-125-32412-00-00</b>	<b>Montgomery</b>	<b>Kansas</b>

Well No.	Lease	Section	Township	Range
<b>12B-30</b>	<b>Gartner</b>	<b>30</b>	<b>32</b>	<b>14</b>

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

0-5	DIRT	715-716	COAL		
5-18	CLAY	716-717	SHALE		
18-25	SHALE	717-719	LIME		
25-29	SAND / DAMP	719-727	SHALE		
29-79	SHALE	727-728	COAL/ BLK SHALE		
79-85	LIME	728-738	LIME		
85-106	SHALE	738-758	SAND		
106-109	LIME	758-785	SANDY SHALE		
109-152	SHALE	785-797	LIME		
152-154	BLACK SHALE	797-801	BLACK SHALE		
154-160	LIME	801-804	SAND		
160-171	SHALE	804-810	SHALE		
171-221	SAND /DAMP	810-815	LIME		
211	WENT TO WATER	815-818	BLACK SHALE		
221-376	SHALE	818-820	SANDY SHALE		
376-377	COAL	820-826	SAND/ LT OIL ODOR		
377-393	SAND	826-830	SANDY SHALE/ NO ODOR		
393-394	COAL	830-842	SAND/ FAINT ODOR		
394-401	SAND	842-846	SAND/ LT ODOR & SHOW		
401-451	SHALE	846-870	SAND / SHOW IN PIT		
451-455	LIME	870-876	SAND / LT ODOR		
455-477	SAND	876-895	SAND / GOOD ODOR		
477-535	LIME	895-901	LAMINATED SAND		
535-542	SHALE	901-933	SHALE		
542-551	SAND	933-936	BLACK SHALE		
551-566	SHALE	936-957	LIME (PAWNEE)		
566-596	SAND	957-969	SHALE		
596-636	SHALE	969-971	LIME		
636-639	LIME	971-1022	SHALE		
639-715	SHALE	1022	TD		

### MORNING COMPLETION REPORT

Report Called in by: MUGGER

Report taken by: \_\_\_\_\_

LEASE NAME & #	AFE#	DATE	DAYS	CIBP	PBTD:
GARTNER 12B-30		7/18/2014	1	DEPTH	TYPE FLUID
PRESENT OPERATION: DRILL OUT FROM UNDER SURFACE					WT
					VIS
DEEPEST CASING	LINERS OD TOP & SHOE DEP	REPAIR DOWN TIME HRS	CONTRACTOR MOKAT		
OD SHOE DEPTH			RIG NO		
_PACKER OR ANCHOR_	FISHING T OD ID	TEST PERFS	TEST PERFS		
			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

RIG	<u>700</u>
SUPERVISION	_____
RENTALS	_____
SERVICES	<u>2500</u>
MISC	<u>410</u>

#### DETAILS OF RENTALS, SERVICES, & MISC

DRILLING	700
CEMENT	60
DIRTWORKS (LOC,RD, PIT,Dozer)	2500
SURFACE CASING	350
LAND/ LEGAL	

DAILY TOTALS 3610 PREVIOUS TCTD 0 TCTD 3610

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

**Elite**

**Cementing & Acidizing  
 of Kansas, LLC**



**Cement or Acid Field Report**

Ticket No. **1464**  
 Foreman Steve Mead  
 Camp Eureka

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
7-24-14	1049	Garther	12 B 30				MG.	KS
Customer				Safety Meeting	Unit #	Driver	Unit #	Driver
L R Energy					102	Dave G.		
Mailing Address					110	Allen G.		
5602 CR 2700								
City		State	Zip Code					
EUREKA		KS	67341					

Job Type L/S Hole Depth 1022 Slurry Vol. \_\_\_\_\_ Tubing \_\_\_\_\_  
 Casing Depth 1020' 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 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 1200# Thick set cement w/ 5# Hol-Seal + 1# Phenoseal per/sk. Washout Pump Lines. Shutdown. Release Plug. Displace w/ 16 1/2 bbls Fresh water. Final pumping Pressure 400# Bump Plug 900# wait 2 min Release Pressure Plug held. Good cement Returns to surface 14 bbls Tap it. Job complete Rig down

Thank you

**COMPLETED**

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C201	110 SKS	Thickset Cement	19.50	2145.00
C207	550#	Hol-Seal 5# per/sk	.45	247.50
C208	110#	PhenoSeal 1# per/sk	1.25	137.50
C206	500#	Gel Flush	.20	100.00
C403	1	4 1/2 Top Rubber Plug	45.00	45.00
C108B	6.05	Ton mileage bulk trucks	1.35	408.38
			Subtotal	4330.88
			Sales Tax	164.51
Authorization <u>[Signature]</u> Title <u>TS</u>			Total	4495.39

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.