



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225781
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: _____



1225781

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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FIELD ORDER N^o C 40184

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5-27-11 2011

IS AUTHORIZED BY: Carrie Lynn (NAME OF CUSTOMER) State _____
Address _____ City _____
To Treat Well Fair B Well No. C-2 Customer Order No. _____
As Follows: Lease _____ State KS
Sec. Twp. _____ County Rawl Range _____

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.
The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED By _____ Agent _____
Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	40	miles pump truck	1.50	60.00
2	40	miles pickup	1.25	50.00
2	1	plug charge - long shoe		1,600.00
2	755	6% interest 7/6 rate	10.00	7,550.00
2	700#	Salt	.75	525.00
2	100#	C-37	3.75	375.00
2	100#	C-41p	3.75	375.00
2	500#	Gilsonite	.75	375.00
2	1	8" float shoe w/ auto fit		355.00
2	3	tubing connections	85.00	255.00
2	6	res. connections	65.00	390.00
2	6	brackets	155.00	930.00
2	293	Bulk Charge	1.00	293.00
2		Bulk Truck Miles 12.17 T x 40m = 486.87m x 1.10	1.10	535.56
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7,916.56

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Alton W.

COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C40184-IN

BILL TO:
CARRIE EXPLORATION & DEV., LLC
210 WEST 22ND STREET
HAYS, KS 67601

C

LEASE: FAIR B C-2

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DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/31/2014	C40184		05/23/2014		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	160.00
40.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	80.00
1.00	EA	CEMENT PUMP CHARGE		0.00	1,600.00	1,600.00
255.00	SAX	60-40 POZ MIX 2% GEL		0.00	10.00	2,550.00
900.00	LB	SALT		0.00	0.25	225.00
100.00	LB	C-37		0.00	3.75	375.00
100.00	LB	C-41P		0.00	3.75	375.00
800.00	LB	GILSONITE		0.00	0.75	600.00
1.00	EA	5 1/2 FLOAT SHOE W/AUTO FILL		0.00	355.00	355.00
3.00	EA	TURBO CENTRALIZERS		0.00	85.00	255.00
2.00	EA	REG CENTRALIZERS		0.00	65.00	130.00
2.00	EA	BASKETS		0.00	155.00	310.00
293.00	EA	BULK CHARGE		0.00	1.25	366.25
486.80	MI	BULK TRUCK - TON MILES		0.00	1.10	535.48
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		7,916.73
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		RENCO Sales Tax:		202.73
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		8,119.46

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



TREATMENT REPORT

Acid Stage No. _____

Date 5/23/2014 District G.B. F.O. No. C40184
 Company Carrie Exploration
 Well Name & No. FAIR B C-2
 Location _____ Field _____
 County Reno State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 5.5" Type & Wt. 14.0# Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 360
 Personnel Nathan Greg Jordan Jeff
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Ron H. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:00		5.5"		On Location.
				Pipe-3917' Centralizers-1-5-6-7-8
				Baffle-3899' Basket-3-7
				Load hole with water. Break circulation and pump 15bbbls.
				Mix 50sks 60/40poz
				Mix 175sks 60/40poz 2%gel 10%salt .75%C37 .75%C41p 5#/sk. Gilsonite
				Wash out pump and lines.
				Displace with 94.7bbbls at 7.25bpm-950# Plug landed at 1500#
				Release pressure. Float held.
10:15				Wash up.
				Thank You!
				Nathan W.

GRESSEL OIL COPELANDO

Field Service, L.L.C. Acid & Cement

BURRTON (620) 463-5161 • EL DORADO (316) 321-2065 • GREAT BEND (620) 793-3366
 HAYS (785) 628-3220 • HAYSVILLE OFFICE (316) 524-1225

3920

S.S. - 26.05

25.50
 u = 3900

PIPE TALLY

SHEET 1 OF 1

SHIPPED FROM _____

DATE 5-23-14

CUSTOMER Carrie Exploration

TRUCK CO. Ellinwood Roustabout

LEASE fecce Creek Fair B C-2

DIRECTIONS _____

SIZE 5 1/2" WT. 14.0[#] GRADE _____ MILL _____ THREAD _____ RANGE _____

NO.	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths
1	42	45	42	50	42	50	42	50	42	52						
2	42	50	42	50	42	50	42	27	41	60						
3	44	15	44	20	42	50	43	28	42	45						
4	42	42	41	20	42	40	42	50	42	52						
5	42	47	42	50	40	90	44	70	42	52						
6	42	50	42	50	42	45	42	50	42	52						
7	42	50	42	48	42	50	42	50	42	52						
8	42	43	42	40	42	55	42	50	42	50						
9	44	20	42	55	42	58	42	50	42	48						
10	44	00	42	50	42	50	42	50	42	50						
11	37	10	39	90	42	50	42	18	42	45						
12	42	52	42	50	41	45	42	48	42	50						
13	42	50	42	50	42	45	42	48	42	50						
14	42	50	42	45	42	50	42	48	42	53						
15	42	50	42	43	42	55	42	52	42	50						
16	42	52	42	50	42	30	42	50								
17	38	30	42	50	42	50	42	50								
18	43	10	42	40	38	62	42	50								
19	42	40	42	45	42	48	42	52								
20	42	55	37	90	38	25	42	57								
TOTAL																

NO JOINTS _____ TOTAL FT. _____ TALLIED BY _____