

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1225983

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Paymit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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:					

Page Two



Operator Name: Lease Name: \_ \_ Well #: \_ 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** No Log Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

#### **OWENS PETROLEUM SERVICES, LLC** DRILLER'S LOG

Operator: Red Cloud Reach Sylfe

Lease / Well #: Weber 1-10

API #: 207-27668-0000 19-25-16 60000

	Date		Date		Date		Date
Spud/Surface	8-16-12	Drilled to TD	08-19-10	Logged		1" / pump	
Set Surface		Run/Casing		Perforated		Lead Line/Elec	
Spud/Casing		Cemented LS		Frac		Closed Pit	· · · · · · · · · · · · · · · · · · ·
Purpose	Size Drilled	Size Pipe	Weght #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	9%	7"		40	mongart	20	
Casing:							
Frac:							
Driller's TD:	ft		Logger's TD:	ft		Fluid Volume:	b

Surface Bit and Subs:

3.70'

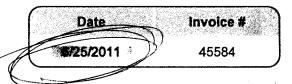
Kelly: Top of Groove to Square: 22.60° / 100a

	FOOTAGE:	FORMATION:		TOTAL:
Bit and Sub	1.90	3-6	line	
1st Collar	19.90	CKY		
2nd Collar	20.00			
Joints: 1	62,5 41.	8 564	term control to the first term of the first term	
7	83.2	Thell		
B	103.9	116-		
9	124.6			
5	145.3	L 148	L152-183 2156	- 16:/
9	166,0	L168-		
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9	207.4	4-212	L245 - 227 '	
1	228-1	Cei/228-73	267-266	1 227-
10	248.8	1-248 1	267-266	34
Y	269,5	5		
12	290,2	5 1294 - 1 -		
18	310,8	4-		
34	331.6	ムー類		
18	352.3	1 - 360	2366-369	
18		1314-31	15 1378-	
1/	393.7	1-387	1349 407	2436
18	414.4	1-418	1420-435	
10	435.1	5		
20	455.8	5		
2	476.5	5		
22	497.2	\$		
		5		
2/	538.6	15		

	FOOTAGE:	FORMATION: TOTAL:
26	559.3	
26	580.0	
27	600.7	L582-583 166 Liz-618 L60-662
	621.4	1.631-633
28	642.1	160
29	642.1	209 - 11 CON
38	662.8	LUS - 694 1 LL98 -
34	683.5	LUS-648 LUST- LUS-694 LUST- L-719 L722-722
3/2		
38	724,9	1724-727 PANKSHLE
34	745.6	1750-757 L759
38	766.3	L-767 8 10 L 768- 10770 000 pit 10-70 68046 LTR6-178 CM
38	787.0	5
37	807.7	1811-812-81-814 oder j. 14-14 brokensend 916 84 90 1 w 816 320 900 2
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### Kepley Well Service, LLC

19245 Ford Road Chanute, KS 66720



## **Cement Treatment Report**

Red Cloud Exploration Operating LLC
ATTN: Kevin Sylla
161 St. Andrews Drive, 3rd Floor
Lawrence, KS 66047

(x) Landed Plug on Bottom at 600 PSI
() Shut in Pressure
(x)Good Cement Returns
() Topped off well with \_\_\_\_\_\_ sacks
(x) Shut in

TYPE OF TREATMENT: Production Casing HOLE SIZE: 5 5/8"
TOTAL DEPTH: 880

Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount
Run and cement 2 7/8"	862	3.00	•
Sales Tax		7.30%	0.00
	1		

Webber 1-10
Woodson County
Section:
Township:
Range:

Hooked onto 2 7/8" casing. Established circulation with 5 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 87 sacks of OWC, dropped rubber plug, and pumped 4.9 barrels of water

Total	\$2,586.00
Payments/Credits	\$1,500.00
Balance Due	\$1,086.00
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