



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226300
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: _____



1226300

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Mud Rotary Drilling
 Andrew King - Manager/Driller

Bar Drilling, LLC
 Phone: (719) 210-8806

1317 105th Rd.
 Yates Center, KS 66783

Company/Operator Imperator Investments LLC 1305 W 40th St Kansas City, MO 64111		Well No. 11	Lease Name Herder	Well Location 1190's, 1980e	1/4	1/4	1/4	Sec. 28	Twp. 25	Rge, 18E	
Well API # 15-001-30962		Type/Well Oil	County Woodson	State KS	Total Depth 908	Date Started 5/15/2014	Date Completed 5/16/2014				
Job/Project Name/No.		Surface Record		Bit Record				Coring Record			
Driller/Crew	Bit Size:	11 1/4	Type	Size	From	To	Core #	Size	From	To	% Rec.
Andy King	Casing Size:	7"	PDC	11 1/4	0'	20'					
	Casing Length:	20'	PDC	5 7/8	20'	908'					
	Cement Used:	10sx									
	Cement Type:	Portland									

From	To	Formation	From	To	Formation	From	To	Formation
0	12	overburden	845	902	shale			
12	61	lime						
61	70	shale						
70	190	lime						
190	203	shale						
203	299	lime						
299	457	shale						
457	490	lime						
490	553	shale						
553	651	lime						
651	660	shale						
660	664	lime						
664	667	shale						
667	668	lime						
668	800	sandy shale						
800	804	grey shale						
804	808	broken oil sand						
808	814	oil sand						
814	820	mostly shale						
820	824	some sand						
824	828	some sand						
828	833	some sand						
833	839	oil show						
839	845	oil sand						

Well Notes:
 ran 902' of 2 7/8" pipe.

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



HURRICANE SERVICES INC
 OILFIELD SERVICES
 MADISON, KANSAS

Ticket Number 100479
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-16-14		Header # 11	28-235-18E	Allen
Customer		Mailing Address	City	State Zip
Imperator Invest, LLC		1305 W. 40th St.	Kansas City	MO. 64111

Job Type:	Truck #	Driver
Longstring	201	Jerry
Hole Size: 5 7/8"	203	Bryan
Hole Depth: 908'	106	Eric
Bridge Plug:	107	James
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
60	Mileage	\$3.25/Mile	790.00 195.00
102 SACKS	Thick set cement	18.60	1897.20
200 lbs.	Gel Flush	.30	60.00
4 1/2 Hrs.	WATER TRUCK #106	84.00	378.00
4 1/2 Hrs.	WATER TRUCK #107	84.00	378.00
60 miles	TRUCK #11	1.50	90.00
6 Tons	Bulk Truck	1.30	468.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	4306.20
		7.4% Sales Tax	148.53
		Estimated Total	4454.73

Remarks: Rig up to 2 7/8" Tubing, Break circulation with 5 Bbls water, Pumped 10 Bbl. Gel Flush, circulated Gel around to condition hole. Mixed 102 sks. Thick set cement, shutdown - washout Pump lines Release 2- Top Rubber Plugs, Displaced Plugs with 5 1/4 Bbls water, Final Pumping at 500 PSI Bumped Plugs to 1000 PSI, closed Tubing with 1000 PSI, Good cement return w/ 4 Bbl. slurry Job complete - Teardown

"Thank you"

Called by Trent
 Customer Signature



Hurricane Services, Inc.
3613 A Y Road
Madison, KS 66860
620-437-2661

Ticket Number 01165
Location Madison
Foreman William Zabel

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6-9-14		Header #11		Allen
Customer		Mailing Address	City	State Zip
Imperator Investments				

Well Data		Truck #	Driver	Truck #	Driver
Casing Size	Total Depth	105	Brian		
Casing Weight	Plug Depth	106	Eric		
Tubing Size	Packer Depth	303	Danny		
Tubing Weight	Open Hole	312-311	David		
Perfs		28	Bill		
Break PSI	Max PSI	17	Zach		
Treat PSI	ISIP				

Quantity	Acid	Additives Used	Charge
1	303	Pump Charge	975.00
		Acid with inhibitor	
		NE-320	
		FSW-4100	
		Iron Stay	
		Clay Stay	
4		KCL	105.20
2		Biocide	76.00
5		Gel	225.00
4 pints		Breaker	81.00
4		Ball Sealers	7.00
1		Ball Gun	50.00
26	303	Pump truck Mileage	88.50
		Acid Transport	
		Acid Spotter	
1	303 312	Sand Truck	250.00
26	28	Pickup Mileage	39.00
SHS	105+106	80 Vac	420.00
		Transport	
1000		20/40 Sand	300.00
3000		12/20 Sand	960.00
2		SR445	54.20
Total			\$3626.90 Price.

Remarks: Broke down 1200 PSI dropped to 1100 PSI Fine sand at 950 PSI
 Coarse sand @ 1000 PSI Balls hit up to 1250 PSI Back down to 1100 PSI
 IS 2 @ 650 PSI 4 Balls 125 BBL Fluid.



Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 620-437-2661

Ticket Number 06349
 Location _____
 Foreman [Signature]

Acid Service Ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6/5/14	JOHN W DRES 816-852-0011	HERDER #11		AL
Customer	Mailing Address		City	State Zip
IMPERATOR INVESTMENT LLC	1305 W 40 TH ST		KANSAS CITY MO.	64111

Well Data		Truck #	Driver	Truck #	Driver
Casing Size	Total Depth	17/310	ZACH		
Casing Weight	Plug Depth		TRAVIS		
Tubing Size	Packer Depth				
Tubing Weight	Open Hole				
Perfs					
Break PSI	Max PSI				
Treat PSI	ISIP				

Quantity	Acid	Additives Used	Charge
		Pump Charge	
100	15%	Acid with inhibitor	195 ⁰⁰
		Mud Acid	
1/2		NE-320	11 ⁹⁵
1/4		FSW-4100	5 ⁷⁰
		Iron Stay	
		Bachside	
		Clay Stay	
		KCL	
		Biocide	
		Gel	
		Breaker	
		Ball Sealers	
		Ball Gun	
		Pump truck Mileage	
		Acid Transport	
1	3/10	Acid Spotter	300 ⁰⁰
35	17	Pickup Mileage	52 ⁸⁰
		80 Vac	
		Transport	
			*BOD
			Total 565 ¹⁵

Remarks: RIG UP SPOT 100 GAL 15% HCL ON PERFS.

Customer Signature _____