



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226389
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: _____



1226389

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

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1272**
 Foreman Steve Neal
 Camp Eureka

APL 15-111-20505

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
4-27-14	1059	Sullivan Uncle Jim #1	12	21	10E	Lyon	Ks	
Customer Shank Well Service Inc			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 397					104	Alan M		
City Madison					112	David G.		
State Ks								
Zip Code 66860								

Job Type Surface Hole Depth 117' Slurry Vol. _____ Tubing _____
 Casing Depth 141 GL Hole Size 12 1/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 8 5/8 23' Cement Left in Casing 10' Water Gal/SK _____ Other _____
 Displacement 6 3/4 Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Rig up to 8 5/8 Casing Break Circulation w/ Fresh Water. Mix 80 sks Class A Cement w/ 3% Cocoz, 2% Gel Displace w/ 6 bbls Fresh Water. Shut well in. Good cement. Return to surface. 6 bbl to pit.
Job Complete Rig down

Thank you

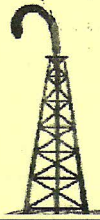
Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	30	Mileage	3.95	118.50
C200	80 sks	Class A Cement	15.00	1200.00
C205	225 ⁺	Cocoz 3%	.60	135.00
C206	150 ⁺	Gel 2%	.20	30.00
C108A	3.76 ton	Ton mileage Bulk Truck	mic	345.00
			Subtotal	2668.50
			Sales Tax 7.15%	97.60
Authorization <u>MD Staffer</u> Title <u>Tool Pusher</u>			Total	2766.10

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.

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

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1211
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-111-20505

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-1-14	1059	SULLIVAN #uncle Jim 1	12	215	10E	LYON	KS
Customer Schankie Well Service, Inc			Unit #	Driver	Unit #	Driver	
Mailing Address P.O. Box 397			104	ALAN M.			
City Madison			110	DAVE G.			
State KS			145	ALLEN G.			
Zip Code 66860							

Job Type LONGSTRING Hole Depth 2660' KB Slurry Vol. 50 BBL Tubing _____
 Casing Depth 2648' G.L. Hole Size 7 7/8 Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 5 1/2 15.50* Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 64.2 BBL Displacement PSI 600 Bump Plug to 1100 PSI BPM _____

Remarks: Safety Meeting: Rig up to 5 1/2 casing w/ Rotating Head. BREAK Circulation w/ 5 BBL water, Pump 12 BBL CAUSTIC Soda Pre Flush, 5 BBL water Spacer. MIXED 150 SKS THICK SET Cement w/ 5* Kol-Seal /sk, 1* PhenoSeal /sk @ 13.7 #/gal, yield 1.85, = 50 BBL slurry. WASH out Pump & Lines. Shut Down. Release Latch Down Plug. Displace Plug to Seat w/ 64.2 BBL Fresh water. FINAL Pumping Pressure 600 psi. Bump Plug to 1100 PSI. wait 2 minutes. Release Pressure, Final Hold. Good Circulation @ ALL times while Cementing. Rotated Casing while Displacing Plug. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	35	Mileage	3.95	138.25
C 201	150 SKS	THICK SET Cement	19.50	2925.00
C 207	750 #	KOL-SEAL 5 #/sk	.45 #	337.50
C 208	150 #	Pheno Seal 1 #/sk	1.25 #	187.50
C 217	100 #	CAUSTIC Soda Pre Flush	1.60	160.00
C 108 B	8.25 TONS	Ton Mileage .35 miles	1.35	389.81
C 113	4 HRS	80 BBL VAC TRUCK	85.00	340.00
C 224	3300 GALS	CITY WATER	10.00/1000	33.00
C 421	1	5 1/2 LATCH DOWN Plug	230.00	230.00
C 112	1	5 1/2 Rotating SWIVEL RENTAL	100.00	100.00
C 661	1	5 1/2 AFU FLOAT shoe	294.00	294.00
C 604	1	5 1/2 Cement BASKET	225.00	225.00
C 504	6	5 1/2 x 7 7/8 CENTRALIZERS	48.00	288.00
THANK YOU				
			Sub TOTAL	6698.06
			Sales Tax 7.15%	341.77

Authorization Witnessed By Cliff Schankie Title _____ Total 7039.83

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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

October 15, 2014

Cliff Schankie
Schankie Well Service, Inc.
PO BOX 397
MADISON, KS 66860

Re: ACO-1
API 15-111-20505-00-00
Sullivan Uncle Jim 1
SW/4 Sec.12-21S-10E
Lyon County, Kansas

Dear Cliff Schankie:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 04/28/2014 and the ACO-1 was received on October 06, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department