



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226701
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: _____



1226701

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1274
 Foreman Steve Mead
 Camp Eureka

APT 15-111-20506

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-1-14	1059	STURUS # 2	14	215	10E	Lyon	KS	
Customer			Unit #		Driver		Unit #	
Shankis Well Service Inc			104		Alan M			
Mailing Address			111		Rudy M			
P.O. Box 397								
City		State	Zip Code					
Madison		KS	66866					

Job Type Surface Hole Depth 118' Slurry Vol. _____ Tubing _____
 Casing Depth 1066.2' Hole Size 12 1/4" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 8 5/8" Cement Left in Casing 15' 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/ 5 bbls Fresh
Water. Mix 80 sks Class A cement w/ 3% Col 2, 2% Gel. Displace w/
6 3/4 bbls Fresh water. Shut well in. Good cement Return to surface. 6 bbls
To BT. 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		Mileage <u>N/C Pump Truck to location</u>	-	-
C200	<u>80 sks</u>	<u>Class A cement</u>	<u>15.00</u>	<u>1200.00</u>
C203	<u>225#</u>	<u>Col 2 3%</u>	<u>.60</u>	<u>135.00</u>
C206	<u>150#</u>	<u>Gel 2%</u>	<u>.20</u>	<u>30.00</u>
C108A	<u>3.76 ton</u>	<u>Ton mileage Bulk Truck</u>	<u>N/C</u>	<u>345.00</u>
			<u>Subtotal</u>	<u>2550.00</u>
			<u>7.15%</u> Sales Tax	<u>97.60</u>
Authorization <u>Call by Mike Stafford</u> Title <u>Tool Pusher</u>			Total	<u>2647.60</u>

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.

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Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1257**

Foreman Rick Ledford

Camp Firevee Ks

API # 15-111-20506

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5/4/14	1059	Stueve # 2	14	213	10E	Lyon	Ks
Customer			Unit #	Driver	Unit #	Driver	
Schanick Well Service Inc.			104	Shannon F.			
Mailing Address			112	Chris B.			
P.O. Box 397			145	Alan G.			
City	State	Zip Code					
Madison	Ks	66860					

Job Type L/S Hole Depth 2623' Slurry Vol. 50 Bbl Tubing _____
 Casing Depth 2613' 6.2 Hole Size 7 7/8" Slurry Wt. 13.7* Drill Pipe _____
 Casing Size & Wt. 5 1/2" Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 63 Bbl Displacement PSI 550 Bump Plug to 900 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 svs thickset cement w/ 5* Kel-seal /sk + 1* phenoseal /sk @ 13.7*/gal washout pump + lines, release latch down plug. Displace w/ 63 Bbl water. Final pump pressure 550 PSI. Bump plug to 900 PSI release pressure, float + plug hold. Good circulation @ all times while cementing. Job complete Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	35	Mileage	3.95	138.25
C201	150 svs	thickset cement	19.50	2925.00
C207	750*	5* Kel-seal /sk	.45	337.50
C208	150*	1* phenoseal /sk	1.25	187.50
C217	100*	caustic soda pre-flush	1.60	160.00
C1088	8.75	tax mileage bulk truck	1.35	389.81
C113	4 hrs	80 Bbl vac. TRK	85.00	340.00
C224	3300 gals	city water	10.00/1000	33.00
C421	1	5 1/2" latch down plug	230.00	230.00
C112	1	rental on 5 1/2" rotating head	100.00	100.00
C1661	1	5 1/2" AFU float shoe	294.00	294.00
C1604	1	5 1/2" cement basket	225.00	225.00
C504	6	5 1/2" x 7 7/8" centralizers	48.00	288.00
			subtotal	6698.06
			7.159%	Sales Tax
				341.77

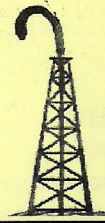
Authorization _____ Title _____ Total **7039.83**

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Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1417**

Foreman Steve Mead

Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
6-15-14	1039	STUEBE #2				Lyon	Ks	
Customer <u>Shankie Well Service Inc</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>1006 Southwest Blvd.</u>					<u>104</u>	<u>Alan m</u>		
City <u>Madison</u>			State <u>Ks</u>		<u>112</u>	<u>Chris m</u>		
Zip Code <u>66860</u>								

Job Type Topside Hole Depth _____ Slurry Vol. _____ Tubing 1" 1149'
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 114" Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting. Rig up to 1" Tubing. Break Circulation w/ Fresh Water. Wash 1" Tubing down to 1149'. Mix 5ks 60/40 Perm Cement w/ 4% Gel. 1149' to surface. Pullout 1" Tubing. Well Stop Full.
Job Complete. Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C104	1	Pump Charge	1050.00	1050.00
C107	-	Mileage <u>No charge in field</u>	-	-
C203	134 SKS	60/40 Perm Cement	12.75	1708.50
C206	460 th	Gel 4%	.20	92.00
C105 A	5.76	Ten Mileage Bulk Truck	MVC	345.00
			Sub Total	3195.50
			7.15% Sales Tax	128.74
Authorization _____ Title _____			Total	3324.24

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