



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226705
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: _____



1226705

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> _____ <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. **1338**

Foreman Steve A Reed

Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-27-14	1059	STUEVE # 6	13	215	10E	Lyon	Ks	
Customer			Unit #		Driver		Unit #	Driver
Schanke Well Service			104		Alon M.			
Mailing Address			112		Chris M			
P.O. Box 397								
City		State	Zip Code					
Madison		Ks	66860					

Job Type Surface Hole Depth 118' KB Slurry Vol. _____ Tubing _____
 Casing Depth 105' GL Hole Size 12" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 5/8 20' Cement Left in Casing 10' Water Gal/SK _____ Other _____
 Displacement 76bbls Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 1/2" casing. Break circulation w/ fresh water. Mix 80
sk Class A cement w/ 3% Collo, 2% Gel. Displace w/ 76bbls fresh water. Shut
well in. Good cement returns to surface 6bbl rapid.
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 10.000</u>		
C200	80 sks	Class A Cement	15.00	1200.00
C205	225 #	Collo 3%	.60	135.00
C206	150 #	Gel 2%	.20	30.00
C105A	375	Ten Mileage Bulk Truck	mic	345.00
			SubTotal	2550.00
			7.15% Sales Tax	97.60

Authorization Called by Mike Staffor Title Toolpusher Total 2647.60

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



**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1391
 Foreman Russell McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-31-2014	1059	Stueve # 6	14	21	10	Lyon	KS
Customer			Unit #	Driver	Unit #	Driver	
Schanke Well Service Inc.			104	Shannon			
Mailing Address			111	RUBY			
P.O. Box 397			145	ALAN G			
City	State	Zip Code					
Madison	KS	66860					

Job Type Longstring Hole Depth 2668 Slurry Vol. 52 Bbl Tubing _____
 Casing Depth 2658 Hole Size 7 7/8 Slurry Wt. 13.7 Drill Pipe _____
 Casing Size & Wt. 5 1/2 15.5 Cement Left in Casing 0 Water Gal/SK 9 Other _____
 Displacement 63 1/2 Displacement PSI 500 PSI Bump Plug to 1000 # BPM 4 BPM

Remarks: safety meeting, Rig up to 5 1/2 casing, Break circulation w/ 5 Bbl water, Pump 500 gallon caustic Pre Flush (12 Bbl) Pump 5 Bbl fresh water spacer, mix 150 SK's Thickset cement w/ 5 # Kolseal + 1 # Phenoseal per/SK at 13.7 # wash out pump + lines, Release 5 1/2 latch down plug, Displace casing w/ 63 1/2 Bbl fresh water @ 4 BPM Final Pump PSI was 500 # Bump Plug to 1,000 # wait 1 min check float, float held, good circulation during cementing procedure. Job complete, Tear Down.

NOTE: Rotate casing during cementing procedure. THANK YOU
Russell McCoy

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
C-201	150	SK's Thickset cement	19.50	2925.00
C-207	750 #	Kolseal 5 # per/SK	.45	337.50
C-208	150 #	1 # Phenoseal per/SK	1.25	187.50
C-217	100 #	CAUSTIC SODA (Pre Flush)	1.60	160.00
C-108B	8.25	Tons Ton mileage Bulk Truck	1.35	389.81
C-113	4	hr 80 Bbl UAC Truck	85.00	340.00
C-224	3,300	city water	10/1000	33.00
4-421	1	5 1/2 Latch Down Plug	230.00	230.00
C-112	1	Rental 5 1/2 Rotating Cement Head	100.00	100.00
C-404	1	5 1/2 cement Basket	225.00	225.00
C-661	1	5 1/2 AFV FLOAT shoe	294.00	294.00
C-504	6	5 1/2 x 7 7/8 centralizers	48.00	288.00
				6698.06
		Sales Tax		341.77
Authorization <u>Russell McCoy / Cliff Schanke</u>	Title <u>owner</u>	Total	7,039.83	

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



Ticket Number 100492
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6-17-14		Steve # 6		Lyon
Customer		Mailing Address	City	State Zip
Schenk Well Serv				

Job Type: <u>Top outside</u>	Truck #	Driver
Hole Size: <u>7 7/8"</u>	<u>201</u>	<u>Jerry</u>
Casing Size: <u>5 1/2"</u>	<u>202</u>	<u>Bryan</u>
Hole Depth:	<u>106</u>	<u>David</u>
Displacement:		
Displacement PSI:		
Cement Left in Casing:		
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
<u>12</u>	Mileage	\$3.25/Mile	<u>790.00</u> <u>39.00</u>
<u>146 SACKS</u>	<u>60/40 Poz mix cement</u>	<u>12.00</u>	<u>1752.00</u>
<u>500 lbs.</u>	<u>Get 3/2</u>	<u>.30</u>	<u>150.00</u>
<u>3 1/2 hrs</u>	<u>Water Truck</u>	<u>84.00</u>	<u>294.00</u>
	<u>Rental on 1" snivel & HD hoses</u>	<u>50.00</u>	<u>50.00</u>
<u>Tons</u>	<u>Bulk Truck > minimum charge</u>	<u>1.30</u>	<u>300.00</u>
	Plugs		
		Subtotal	<u>3375.00</u>
		Sales Tax <u>7.152</u>	<u>135.99</u>
		Estimated Total	<u>3510.99</u>

Remarks: Rig up to 1" Pipe, washed 1" down outside - Taped at 1130, Pumped 500 lbs water
Mixed 146 sks cement with good returns to surface. Pull 1" Pipe out of well.
Job complete - wash out 1" pipe - wash up.

"Thank you"

Witnessed by Cliff
 Customer Signature