

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1227408

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

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: _____



1227408

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 (Attach Additional Sheets)	<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
____ 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)

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: DID NOT FRACK County: GREENWOOD API Number: 15-073-24207-00-00
 Operator Name: STEVE JONES Well Name and Number: D YOUNG 1A
 Latitude: _____ Longitude: _____ Datum: _____
 Production Type: _____ True Vertical Depth (TVD): _____ Total Base Fluid Volume (gal)*: _____

Hydraulic Fracturing Fluid Composition:

[illegible]

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

* Total Water Volumes may include fresh water, produced water, and/or recycled water. ** Information is based on the maximum potential for concentration and thus the total may be over 100%.
Ingredient Information for chemicals subject to 29 CFR 1910.1200(f) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS).

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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 20, 2014

Steve Jones
Jones, Stephen C.
2332 W NEW ORLEANS
BROKEN ARROW, OK 74011

Re: ACO-1
API 15-073-24207-00-00
D Young 1A
NE/4 Sec.17-22S-11E
Greenwood County, Kansas

Dear Steve Jones:

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 04/24/2014 and the ACO-1 was received on October 14, 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.

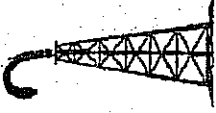
If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



Elite
Cementing & Acidizing
of Kansas, LLC



Cement or Acid Field Report
Ticket No. **1250**
Foreman Rick Leonard
Camp Eureka Ks

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

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
4/24/14		D. Young 1A		17	22S	11E	GL	Ks
Customer	Steve Jones		Safety Meeting	Unit #	Driver	Unit #	Driver	
Mailing Address			OK	104	Alan M.			
City	12 N Armistead	State	OK	110	Derek C.			
	Bixby	Zip Code	74008-4416					

Job Type	Surface	Hole Depth	118'	Slurry Vol.	19	Tubing
Casing Depth	114'	Hole Size	12 1/4"	Slurry Wt.	14.8"	Drill Pipe
Casing Size & Wt.	8 5/8"	Cement Left in Casing	15'	Water Gal/SK	6.5	Other
Displacement	6 1/2 Bbl	Displacement PSI		Bump Plug to		BPM

Remarks: Safety meeting - Rig up to 8 5/8" casing. Break circulation w/ fresh water. Mixed 80 svs class A cement w/ 27% caust + 27% gel @ 14.8 m/gal. Displace w/ 6 1/2 Bbl water. Shut casing in w/ good cement returns to surface = 4 Bbl slurry 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
C700	80 svs	class A cement	15.00	1200.00
C205	150"	27% caust	.60	90.00
C701	150"	27% gel	.20	30.00
C709	25"	fluoate	2.25	56.25
C1000	3.76	tar mileage b/w 114	m/c	345.00
Total \$ 2778.15 Check # 1011				
- 570 4138.91				
Total = 2639.24				
Paid 4-24-2014				
Authorization	Steve Jones	Title	Inspector	
			Subtotal	2679.75
			Sales Tax	98.40
			Total	2778.15

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.

Elite**Cementing & Acidizing
of Kansas, LLC**810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561**Cement or Acid Field Report**
Ticket No. **1280**
Foreman KEVIN MCCOY
Camp EUREKA

API # 15-023-24207

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
5-2-14		D. Young #1A		17	22S	11E	SW	KS
Customer		Stephen C. Jones		Unit #	Driver	Unit #	Driver	
Mailing Address		12 N' Armstrong St.		104	ALAN M.			
City		State	Zip Code	110	DAVE G.			
Bixby		OK	74008	144	STANBURN F.			

Job Type	Longstrine	Hole Depth	2182' G.L.	Slurry Vol.	25 Bbl	Tubing
Casing Depth	2181' G.L.	Hole Size	7 7/8	Slurry Wt.	13.7*	Drill Pipe
Casing Size & Wt.	5 1/2	Cement Left in Casing	0'	Water Gall/SK	9.0	Other
Displacement	53.6 Bbl	Displacement PSI	500	Bump Plug to	900 PSI	BPM

Remarks: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ 5 Bbl fresh water. Pump 12 Bbl Caustic Soda pre flush. 5 Bbl water spacer. mixed 75 sks THICK SET Cement w/ 5* KOL-SEAL / SK @ 13.7* / gal. Yield 1.85 = 25 Bbl slurry. wash out Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 53.6 Bbl water. Final Pumping Pressure 500 psi. Bump Plug to 900 PSI wait 2 Minutes. Release Pressure. Float Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

Centralizers on #13810 Basket on top of #15

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 201	75 sks	THICK SET Cement	19.50	1462.50
C 207	375 *	KOL-SEAL 5*/SK	.45	168.75
C 108	4.13 tons	TON Mileage	M/C	345.00
C 113	4 Hrs	80 Bbl VAC TRUCK	85.00	340.00
C 224	3000 gals	CITY WATER	10.00 / 1000	30.00
C 217	100 *	CAUSTIC SODA PRE FLUSH (MIXED w/ 12 BBL WATER)	1.60	160.00
C 661	1	5 1/2 AFW FLOAT SHOE	294.00	294.00
C 604	1	5 1/2 Cement BASKET	225.00	225.00
C 404	1	5 1/2 Top Rubber Plug	70.00	70.00
C 504	4	5 1/2 x 7 7/8 CENTRALIZERS	48.00	192.00
		5-2-14 Paid in full w/ 5%.		
		Discount = 4409.72 CK # 1029		
		THANK YOU		
Authorization		Sub Total		4455.75
		Sales Tax		186.06
		Total		4641.81

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.



DUAL INDUCTION

D.YOUNG # 1A

COMPANY :STEVEN C. JONES
WELL :D.YOUNG # 1A
FIELD :D.YOUNG
COUNTY :GREENWOOD
STATE :KANSAS

OTHER SERVICES:
CDL/CNL

LOCATION :NE-NE-NE 330' FNL & 330' FEL
SECTION :17
TOWNSHIP :22S
RANGE :11E
API NO. :15-073-24207-00-00
UNIQUE WELL ID. :NA

PERMANENT DATUM :G.L. ELEVATION KB :NA
LOG MEASURED FROM:G.L. ELEVATION DF :NA
DRL MEASURED FROM:G.L. ELEVATION GL :NA

DATE :05/01/14 RIG NUMBER :NA
DEPTH DRILLER :2182' LOGGER TD :
BIT SIZE :7.875 ARRIVAL TIME :
LOG TOP :984.30 DEPARTURE TIME :NA
LOG BOTTOM :2182.90 CIRC STOPPED :NA

CASING OD :8.625
CASING BOTTOM :106
CASING TYPE :STEEL

BOREHOLE FLUID :MUD
FORM TEMPERATURE :67
MUD RES :8.5
MUD WEIGHT :NA

WITNESSED BY :S.JONES
RECORDED BY :RUNNELS

REMARKS 1 :THANKS FOR CALLING CENTURY WIRELINE 918-633-6871
REMARKS 2 :

ALL SERVICES PROVIDED SUBJECT TO STANDARD TERMS AND CONDITIONS

2 INCH LOG, DUAL INDUCTION D.YOUNG # 1A 05/01/14

LOG PARAMETERS

MATRIX DENSITY : 2.71

MAGNETIC DECL : 0

PRESENTATION NAME/DATE = CWS DUAL INDUCTION 2 Inch.0 10/30/2013

NEUTRON MATRIX : LIMESTONE

ELECT. CUTOFF : 9999

MATRIX DELTA T : 49

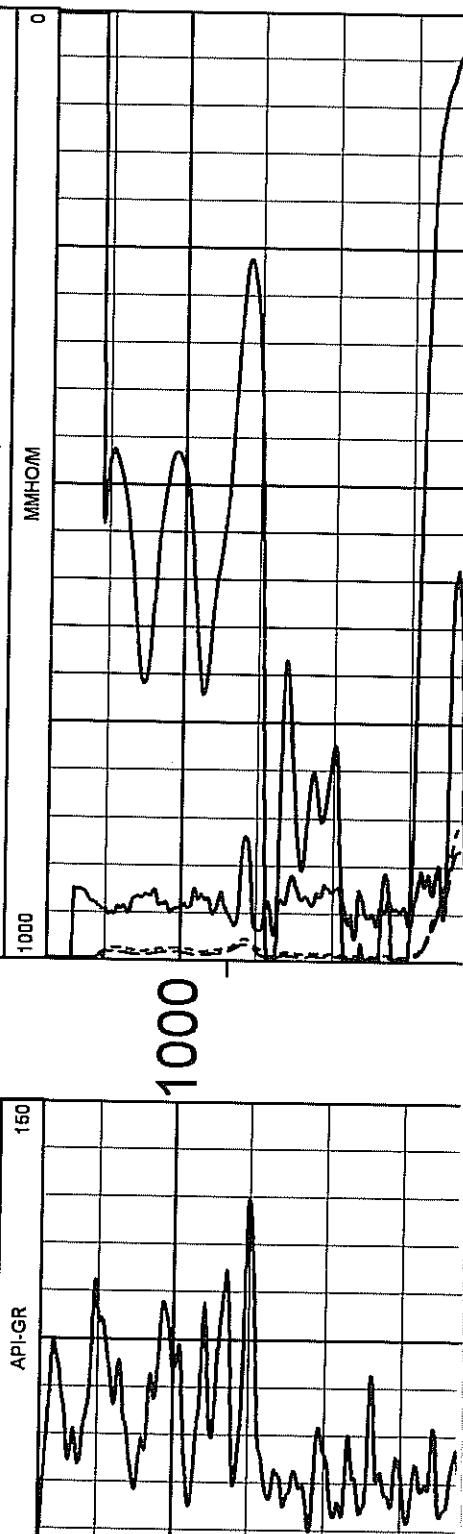
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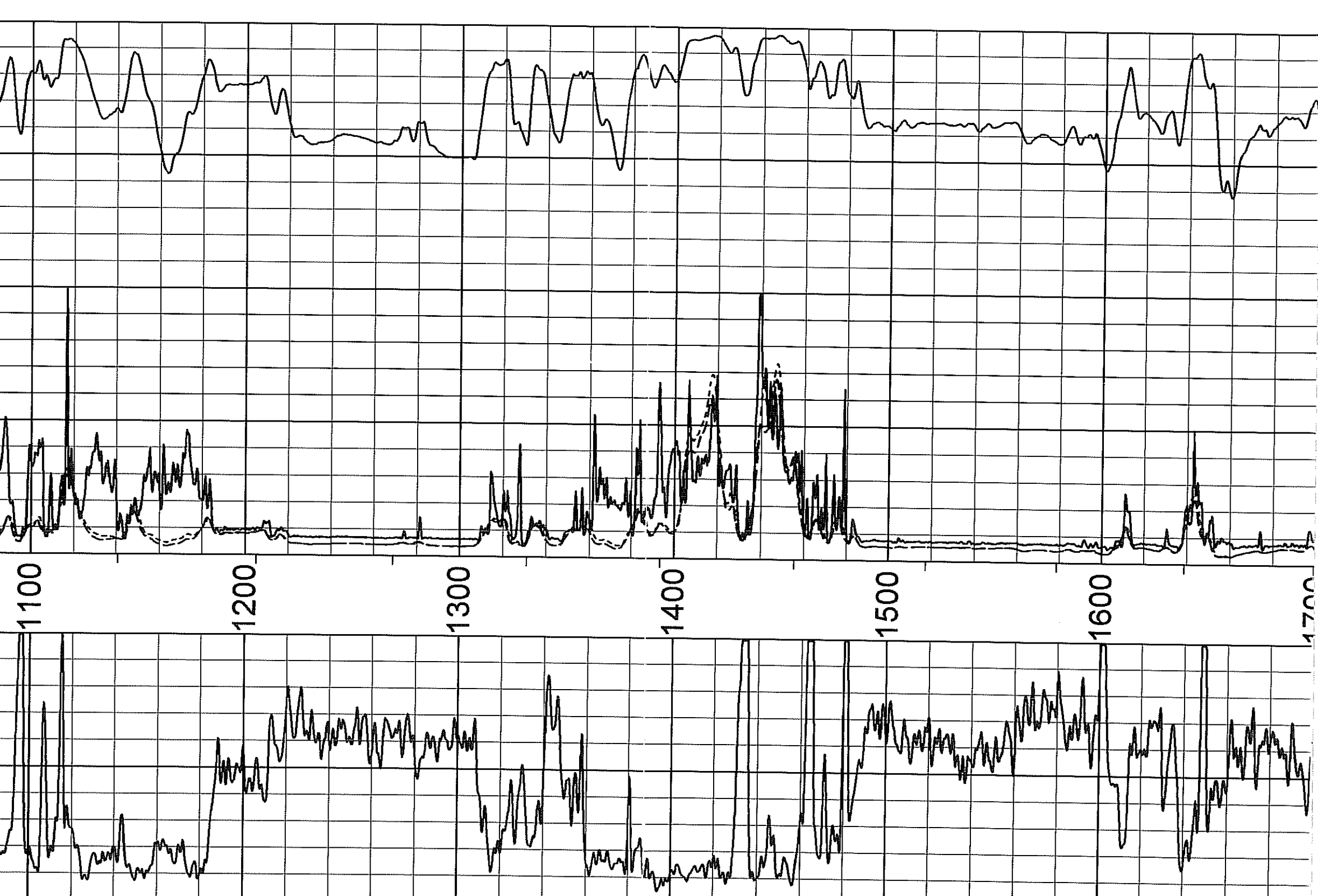
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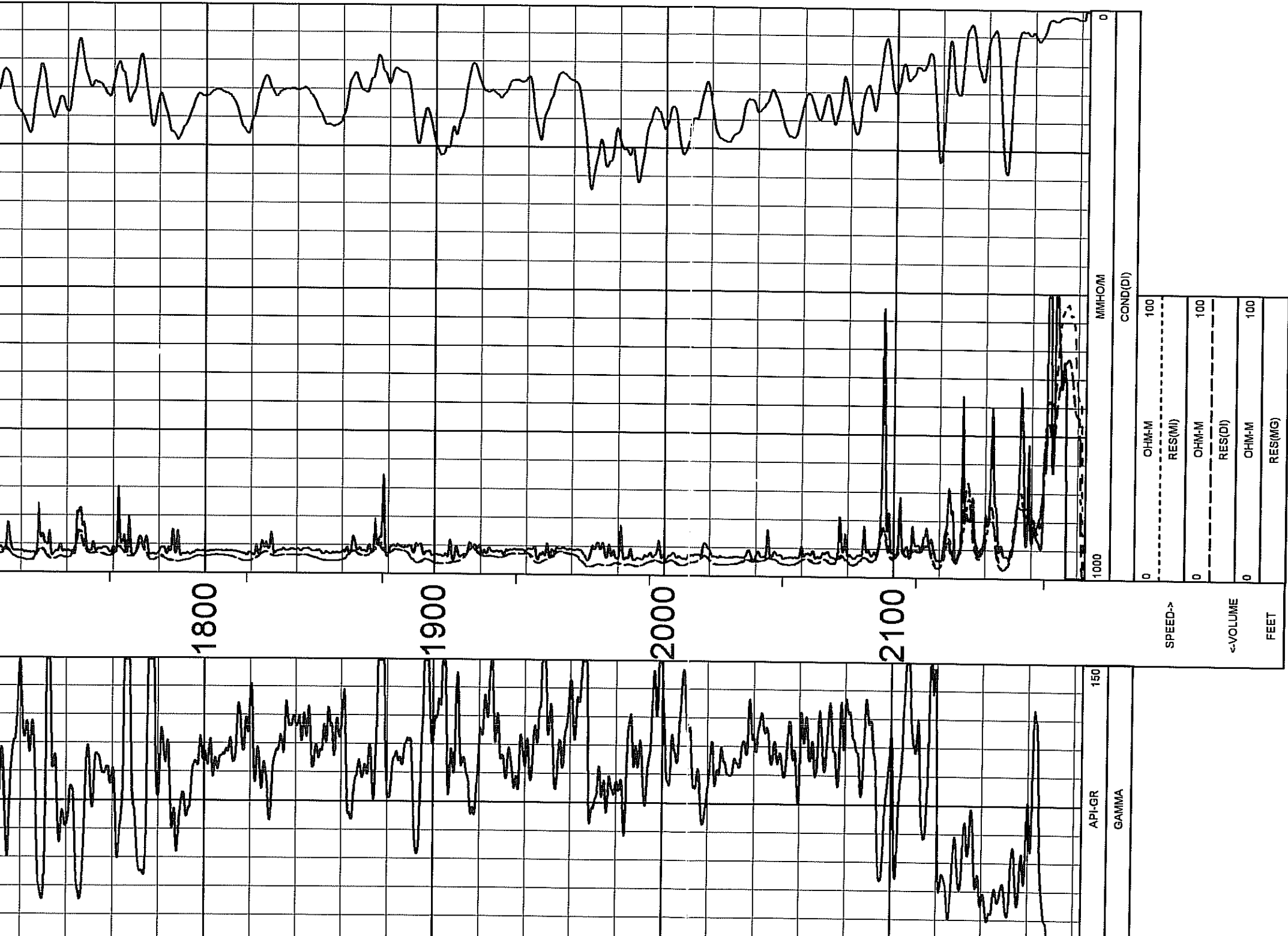
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SPEED->						

COND(DI)
MMHOM

GAMMA
API-GR







2 INCH LOG, DUAL INDUCTION D.YOUNG # 1A 05/01/14

MATRIX DENSITY : 2.71
MAGNETIC DECL : 0
PRESENTATION NAME/DATE =

NEUTRON MATRIX : LIMESTONE
ELECT. CUTOFF : 9999
CWS DUAL INDUCTION 2 Inch.0

MATRIX DELTA T : 49
BIT SIZE : 7.875
VERSION = 3.65GA
10/30/2013

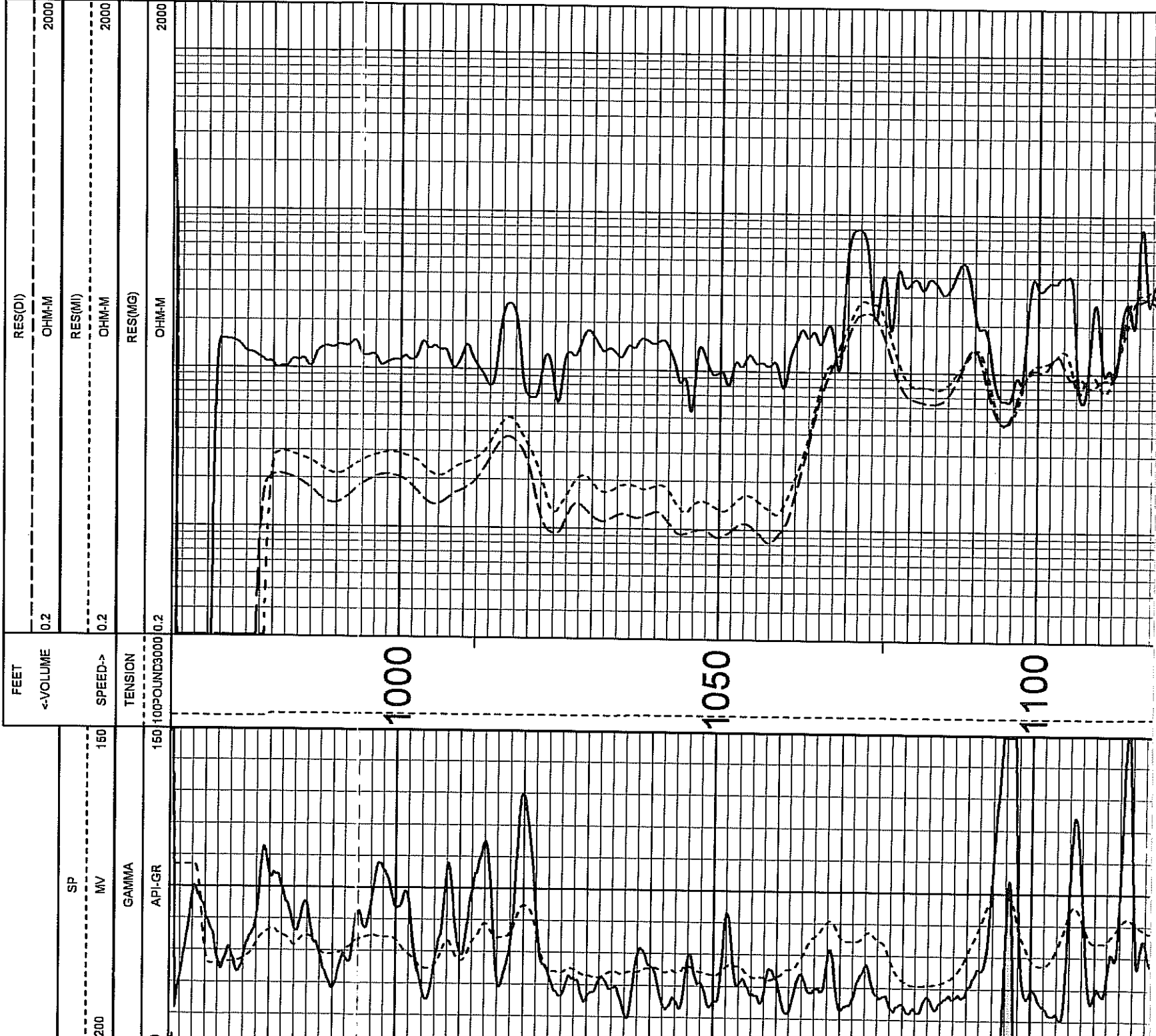
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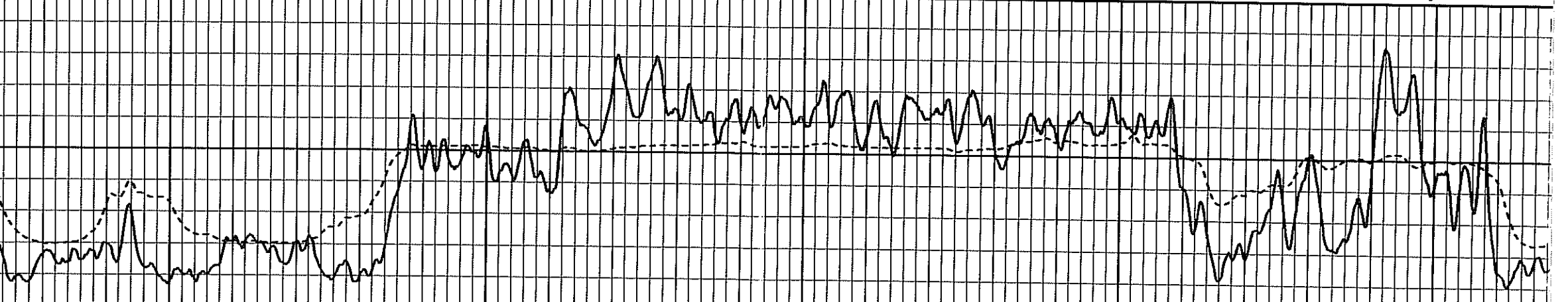
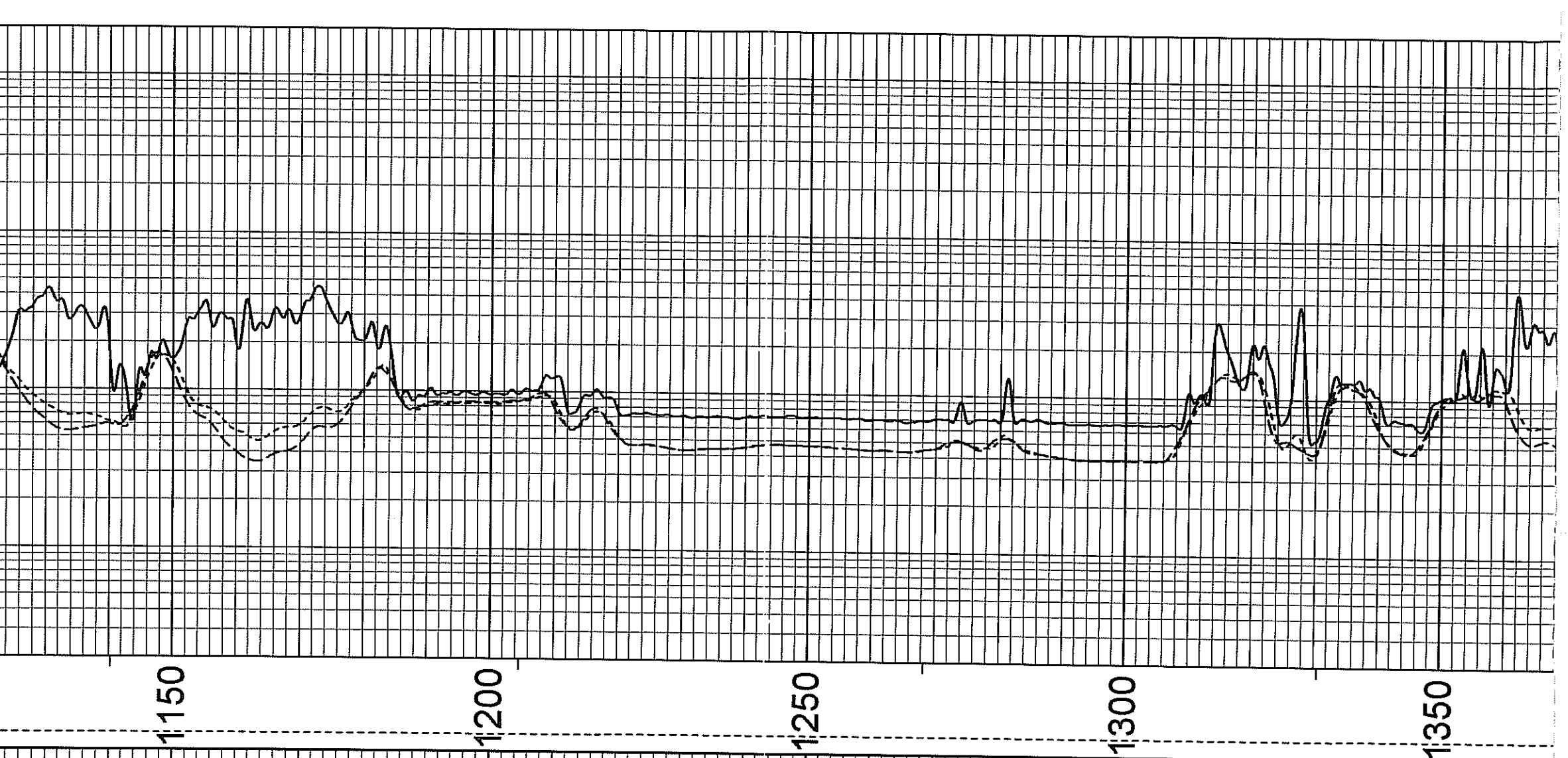
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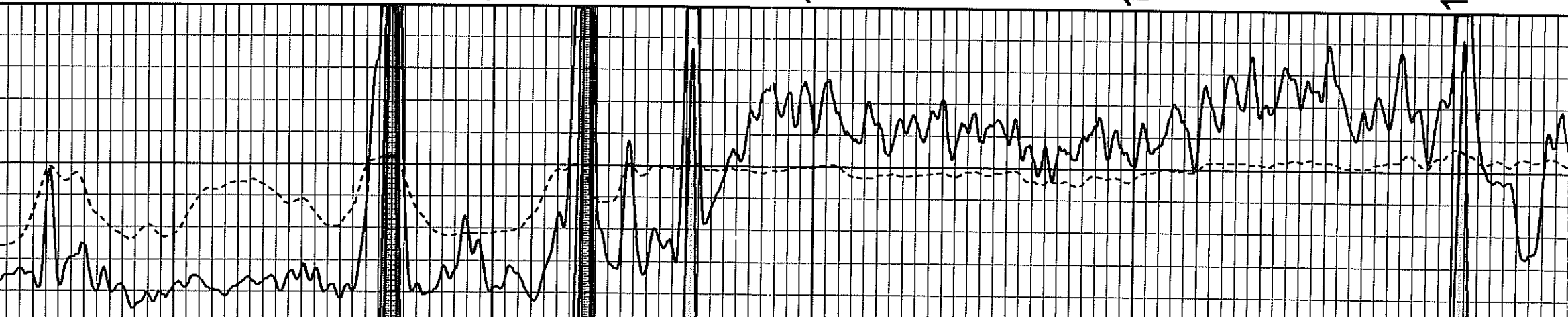
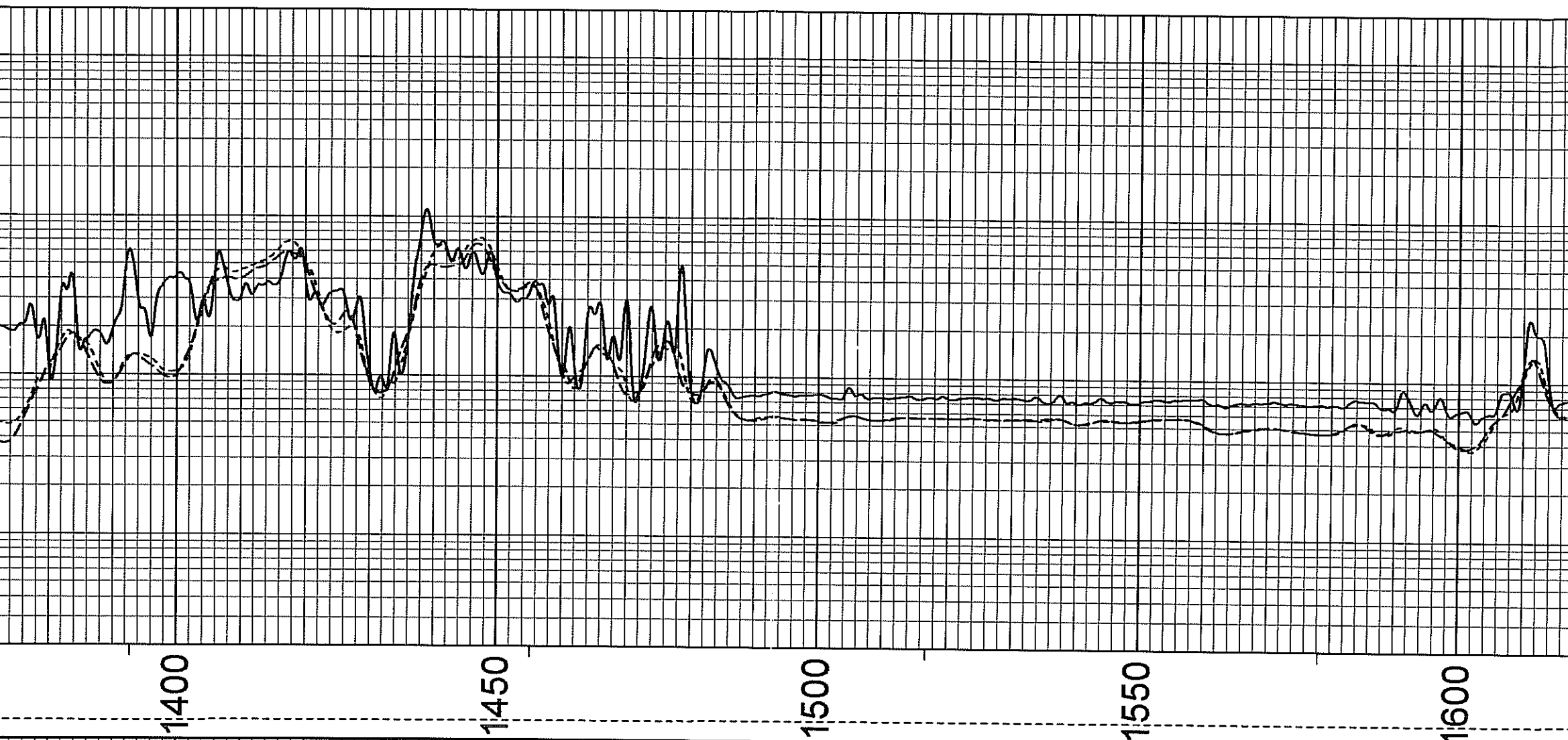
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MAGNETIC DECL : 0
PRESENTATION NAME/DATE =

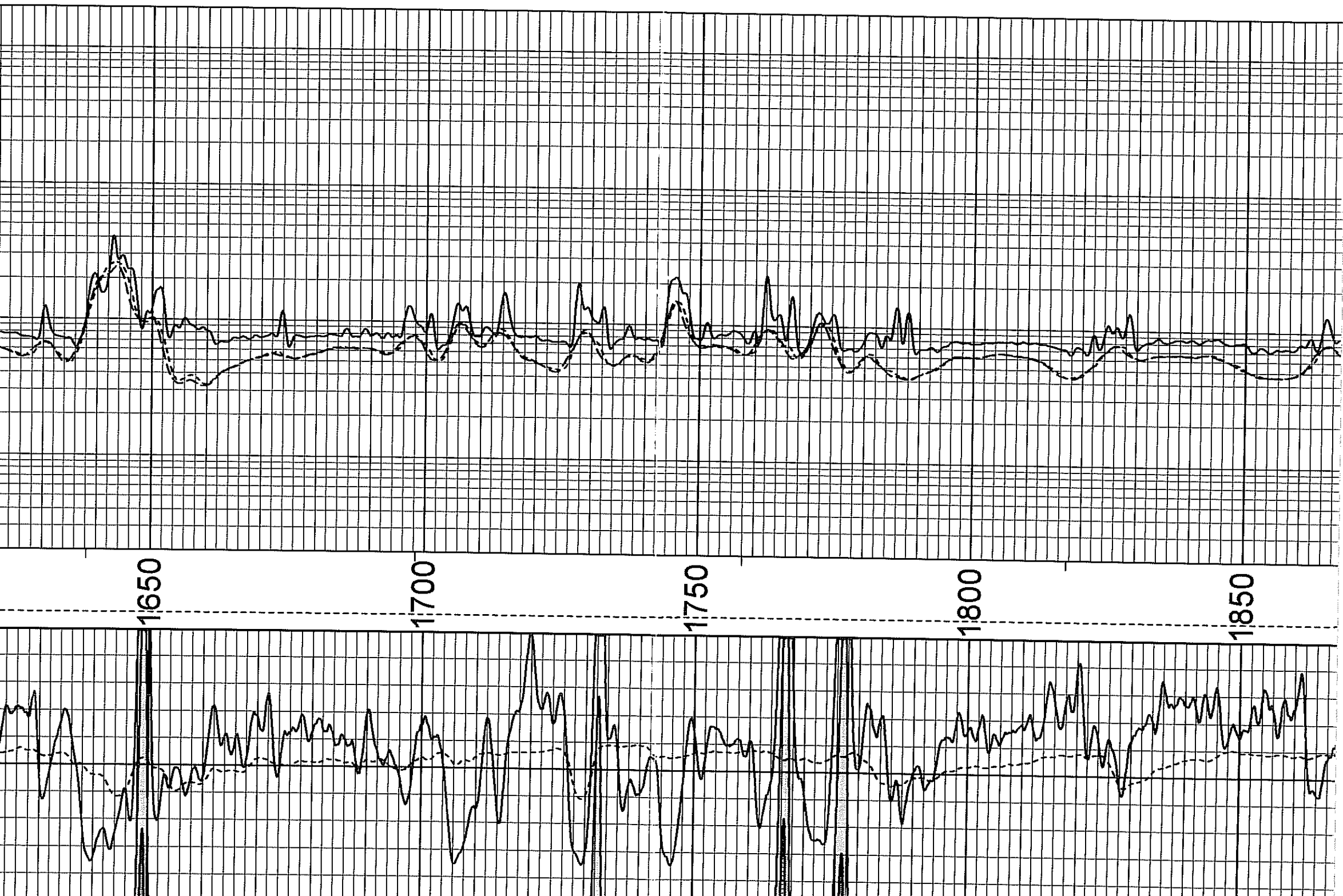
NEUTRON MATRIX : LIMESTONE
ELECT. CUTOFF : 9999
CWS 5 IN IND G SP.0

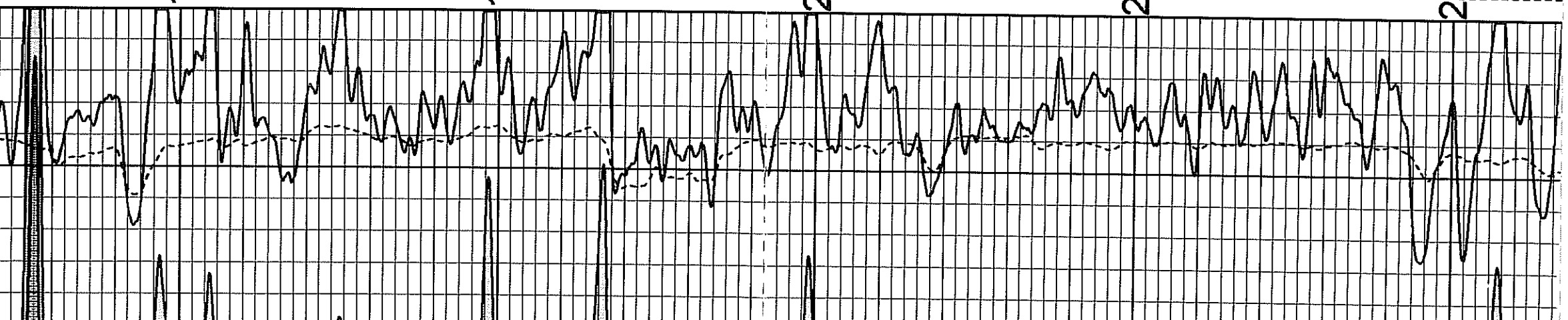
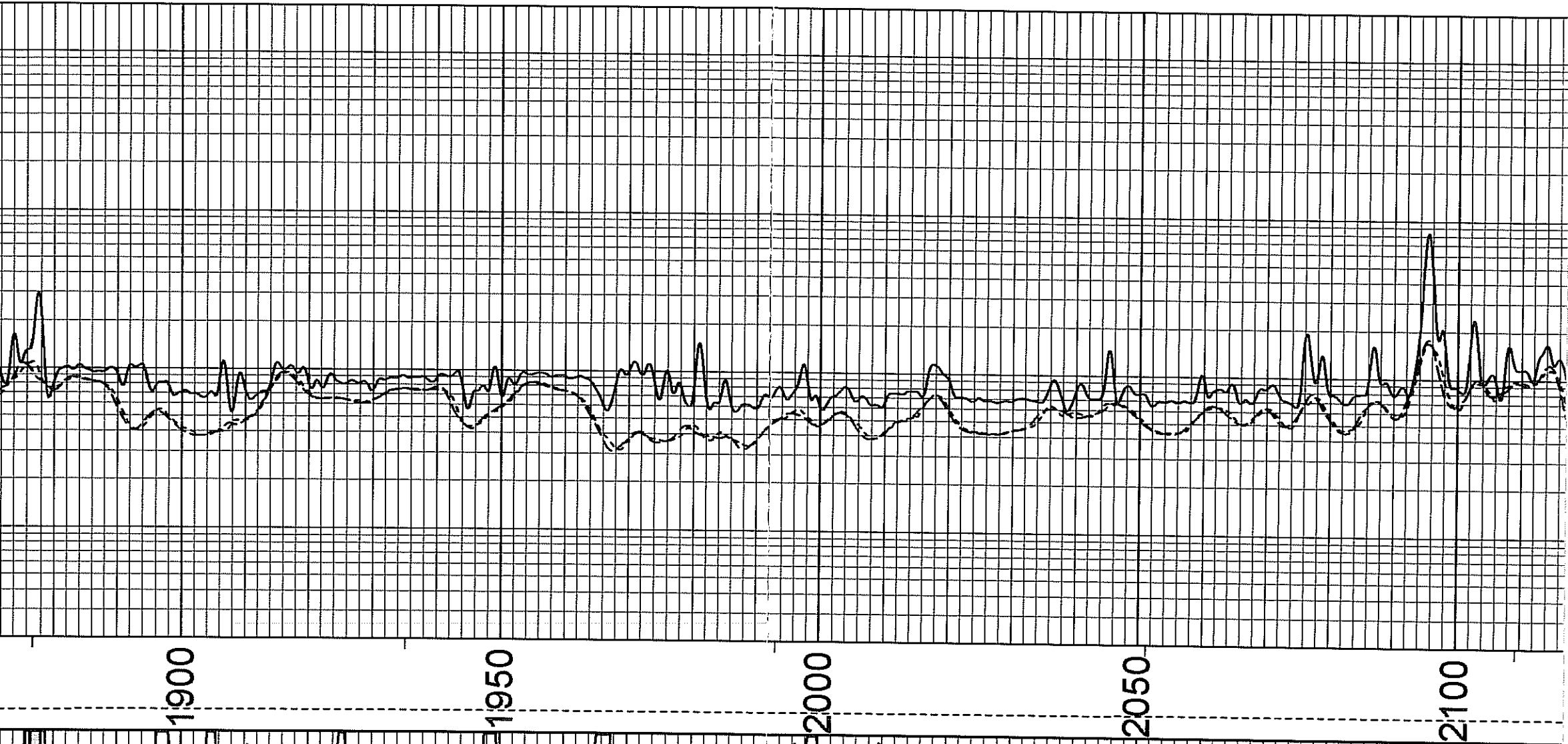
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BIT SIZE : 7.875
VERSION = 3.65GA
04/16/2014

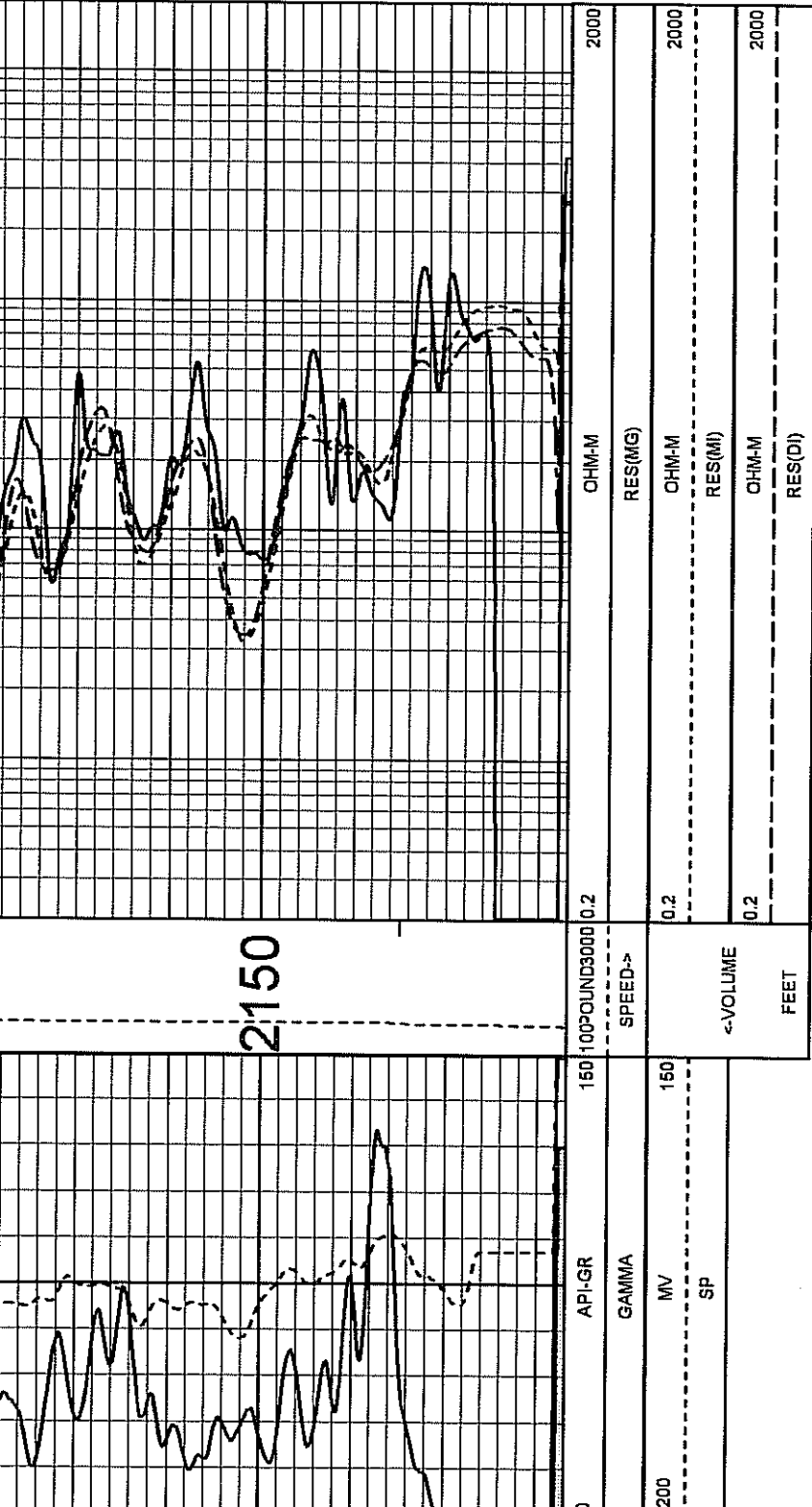












5 INCH LOG, DUAL INDUCTION D.YOUNG # 1A 05/01/14

LOG PARAMETERS

MATRIX DENSITY : 2.71
MAGNETIC DECL : 0
PRESENTATION NAME/DATE = CWS 5 IN IND G SP.0 04/16/2014

NEUTRON MATRIX : LIMESTONE
ELECT. CUTOFF : 9999
PRESENTATION NAME/DATE = CWS 5 IN IND G SP.0 04/16/2014

MATRIX DELTA T : 49
BIT SIZE : 7.875
VERSION = 3.65GA

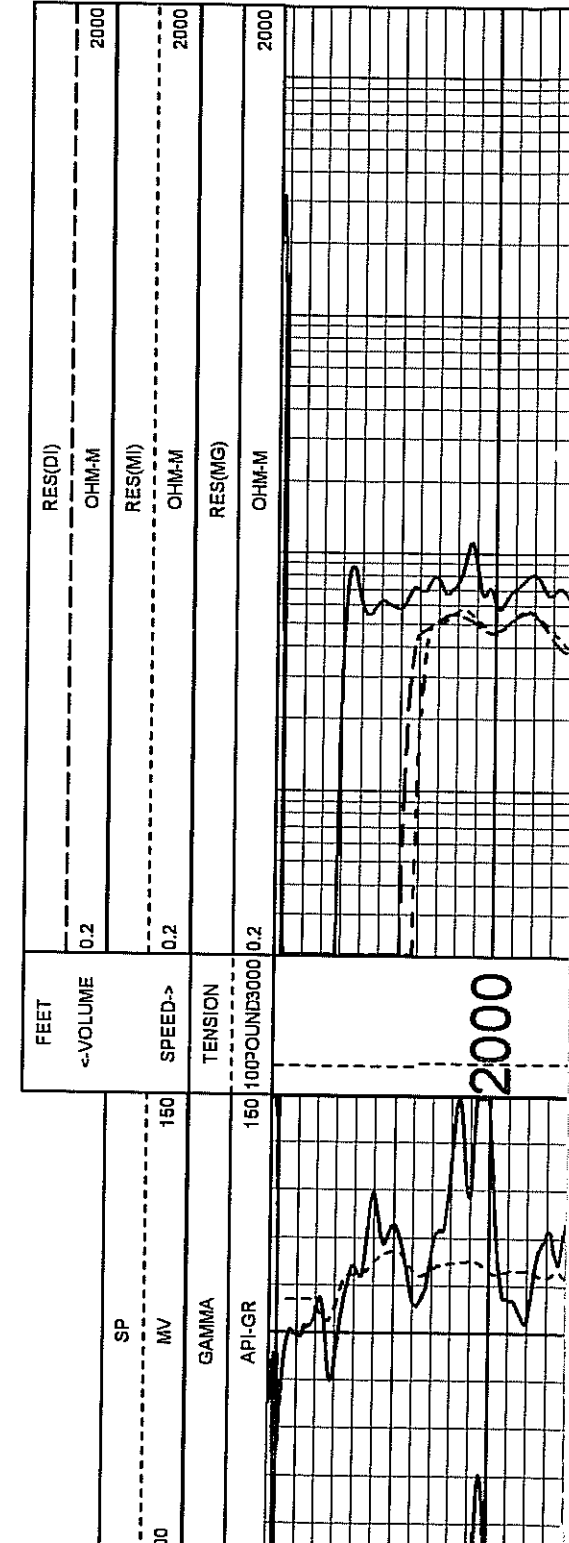
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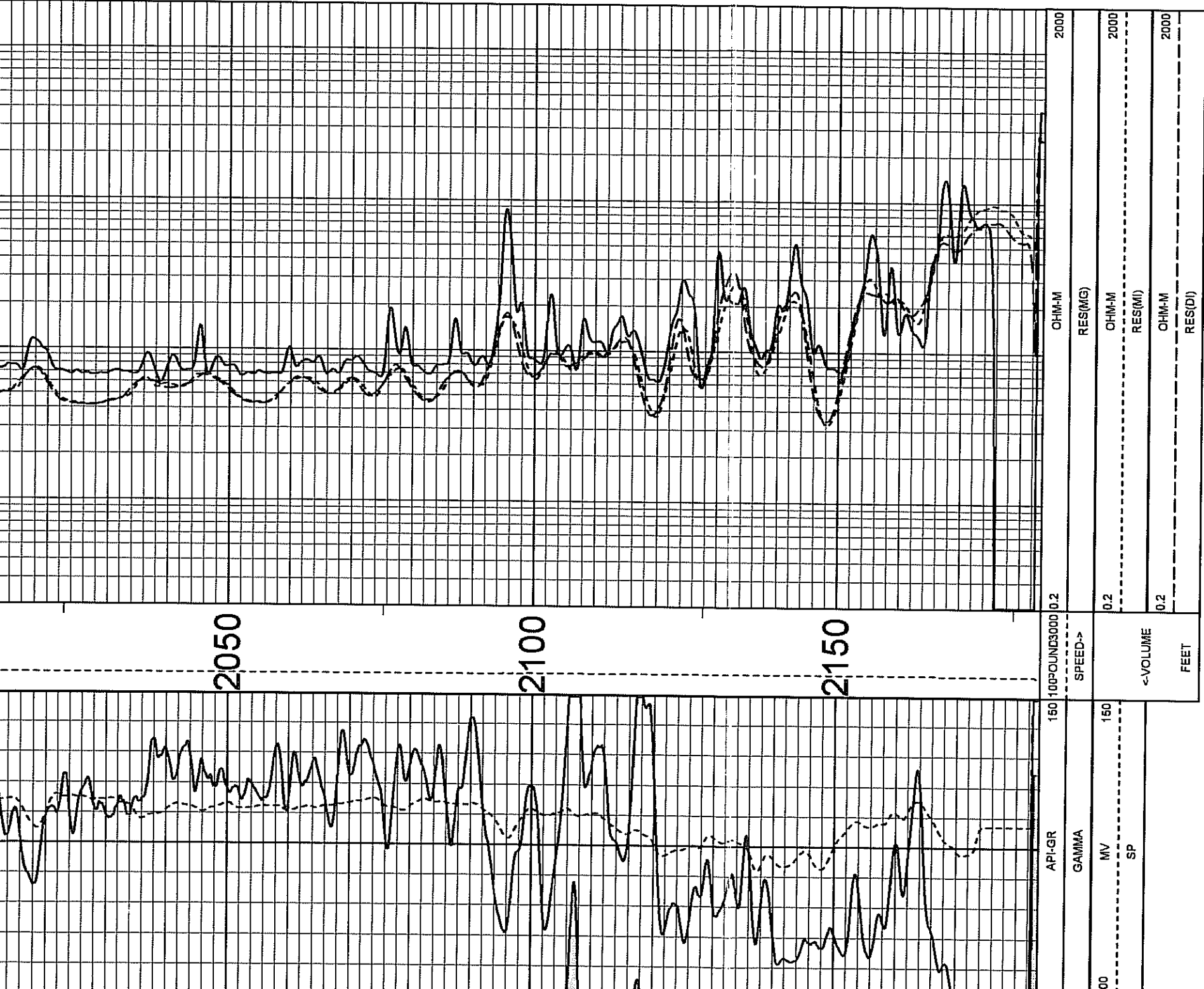
LOG PARAMETERS

MATRIX DENSITY : 2.71
MAGNETIC DECL : 0
PRESENTATION NAME/DATE = CWS 5 IN IND G SP.0 04/16/2014

NEUTRON MATRIX : LIMESTONE
ELECT. CUTOFF : 9999
PRESENTATION NAME/DATE = CWS 5 IN IND G SP.0 04/16/2014

MATRIX DELTA T : 49
BIT SIZE : 7.875
VERSION = 3.65GA





5 INCH LOG, REPEAT D.YOUNG # 1A 05/01/14

LOG PARAMETERS

MATRIX DENSITY : 2.71
MAGNETIC DECL : 0
PRESENTATION NAME/DATE = CWS 5 IN IND G SP.0 04/16/2014

NEUTRON MATRIX : LIMESTONE
ELECT. CUTOFF : 9999
MATRIX DELTA T : 49
BIT SIZE : 7.875
VERSION = 3.65GA

TOOL CALIBRATION D.YOUNG # 1A 05/01/14 22:30
TOOL 4841 TM VERSION 1007
SERIAL NUMBER 27011

	DATE	TIME	SENSOR	STANDARD	RESPONSE
1	Jan20,14	14:14:59	RES(MG)	0.000 [OHM-M]	6004.600 [CPS]
	Jan20,14	14:14:58	RES(MG)	1500.000 [OHM-M]	44174.000 [CPS]
2	Jan20,14	14:17:05	COND(MI)	7.000 [MMHOM]	59780.000 [CPS]
	Jan20,14	14:17:05	COND(MI)	130.000 [MMHOM]	67650.000 [CPS]
3	Jan20,14	14:17:20	COND(DI)	9.000 [MMHOM]	82490.000 [CPS]
	Jan20,14	14:17:20	COND(DI)	130.000 [MMHOM]	72886.000 [CPS]
4	Jan20,14	12:00:26	SP	-471.000 [MV]	10878.000 [CPS]
	Jan20,14	12:00:26	SP	474.000 [MV]	107811.000 [CPS]
5	May08,12	16:20:22	A	Default [CPS]	
6	May08,12	15:28:02	B	Default [CPS]	
7	May08,12	15:28:02	X	Default [CPS]	
8	May08,12	15:28:02	Y	Default [CPS]	

TOOL CALIBRATION D.YOUNG # 1A 05/01/14 22:30
TOOL 4000 TM VERSION 24
SERIAL NUMBER 2821

	DATE	TIME	SENSOR	STANDARD	RESPONSE
1	Aug22,13	14:20:26	GAMMA	1.000 [API-GR]	0.000 [CPS]
	Aug22,13	14:20:26	GAMMA	340.000 [API-GR]	350.000 [CPS]
2	Oct14,13	12:58:34	TEMP	33.000 [DEG F]	296121.000 [CPS]
	Oct14,13	12:58:34	TEMP	128.000 [DEG F]	347244.000 [CPS]