



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227688
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 |
|-----------------------------------|-----------------|---|

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: _____



1227688

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 |
|--|---|

| 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 |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

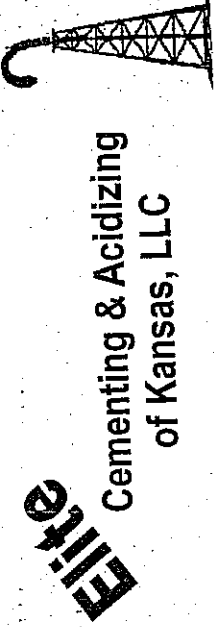
| | | | | |
|----------------|-------|---------|------------|---|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| 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 <i>(Explain)</i> _____ |
|---|--|

| 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> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|---|

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



**Cementing & Acidizing
of Kansas, LLC**

Cement or Acid Field Report
Ticket No. 1259
Foreman Rick Ledford
Camp Eureka KS

| | | | | | | | | |
|-----------------|------------------|---------------------|----------------|---------|----------|--------|--------|-------|
| Date | Cust. ID # | Lease & Well Number | | Section | Township | Range | County | State |
| 5/7/14 | | O. Young #1 | | 10 | 225 | 11E | GLW | KS |
| Customer | Steve Jones | | Safety Meeting | Unit # | Driver | Unit # | Driver | |
| Mailing Address | 12 N. Armstrongs | | Pl | 104 | Alan M. | | | |
| City | State | Zip Code | Am | 111 | Chris P. | | | |
| Buckley | OK | 74008-4446 | Co | 141 | Rudija | | | |
| | | | Pm | | | | | |

Job Type Surface Hole Depth 116' Slurry Vol. 19 Bbl Tubing
 Casing Depth 100.70 G.L Hole Size 12 1/4" Slurry Wt. 14.8* Drill Pipe
 Casing Size & Wt. 85/8" Cement Left in Casing 15' Water Gal/SK 6.5 Other
 Displacement 6.77 Bbl Displacement PSI _____ Bump Plug to _____ BPM

Remarks: Safety meetings - Rig up to 85/8" casing. Break circulation w/ fresh water.
Mixed 80 sks class A cement w/ 370 callz + 270 gal @ 14.8*/gal. Displace
w/ 6.77 Bbl water. Shut casing in w/ good cement returns to surface - 6.77 Bbl slow
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 | 225.4 | 370 callz | 1.00 | 135.00 |
| C206 | 150* </td <td>270 gal</td> <td>.20</td> <td>30.00</td> | 270 gal | .20 | 30.00 |
| C107A | 3.76 | for mileage bulk tank | 27/c | 345.00 |
| C113 | 2 hrs | 80 Bbl var pay | 85.00 | 170.00 |
| | | <u>Total 32936.10</u> | | |
| | | <u>-570</u> | | |
| | | <u>32366.10</u> | | |
| | | <u>Subtotal</u> | | <u>2838.50</u> |
| | | <u>Sales Tax</u> | | <u>97.60</u> |
| | | <u>Total</u> | | <u>2936.10</u> |

Authorization: [Signature] Title _____

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. **1283**

Foreman Aevin McCoy

Camp EUREKA

| | | | | | | | | | | | | | |
|-----------------|-----------------|----------------|----------------------|---------|-----|----------|----------|--------|-----|--------|----|-------|----|
| Date | 5-15-14 | Well No. | | Section | 16 | Township | 22S | Range | 11E | County | SW | State | KS |
| Customer | Steve Jones | Well Name | D. Young #1 | Unit # | 102 | Driver | Chris B. | Unit # | | Driver | | | |
| Mailing Address | 13 N. Armstrong | Safety Meeting | KM CB DG RM | Unit # | 110 | Driver | Dave G. | Unit # | | Driver | | | |
| City | Dixby | State | OK | Unit # | 141 | Driver | Rody M. | Unit # | | Driver | | | |
| | | Zip Code | 74008 - 4446 | | | | | | | | | | |

Job Type LONGSTRAINS Hole Depth 2183' Slurry Vol. 25 BBL Tubing _____
 Casing Depth 2174' 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 20 Other _____
 Displacement 53.5 BBL Displacement PSI 500 Bump Plug to 1000 PSI BPM _____

Remarks: SAFETY MEETING: Fig up to 5 1/2 casing. BREAK circulation w/ 5 BBL fresh water. Pump 12 BBL caustic soda pre flush & BBL water spacer. Mixed 75 sts 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/ 53.5 BBL fresh water. Final Pumping Pressure 500 psi. Bump Plug to 1000 psi. wait 2 minutes. Release Pressure. Float Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

CENTRALIZES ON # 1 # 3, 8 10 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 | 3.75 | 112.50 |
| C 201 | 75 SKS | THICK SET CEMENT | 19.50 | 1462.50 |
| C 207 | 375 # | KOL-SEAL 5 #/SK | .45 | 168.75 |
| C 108A | 4.13 TONS | TAN MILEAGE | M/C | 345.00 |
| C 113 | 4 HRS | 80 BBL VAC TRUCK | 85.00 | 340.00 |
| 224 | 3000 GALS | CITY WATER | 10.00/1000 | 30.00 |
| 661 | 1 | 5 1/2 AGL FIAT SHOES | 294.00 | 294.00 |
| 604 | 1 | 5 1/2 CEMENT BASKET | 225.00 | 225.00 |
| 404 | 1 | 5 1/2 TOP RUBBER PLUG | 70.00 | 70.00 |
| 504 | 4 | 5 1/2 x 7 7/8 CENTRALIZERS | 48.00 | 192.00 |
| | | 5-15-14. PAID IN FULL w/ 5% DISCOUNT = 4246.85. at # 1008 | | |
| | | THANK YOU | | |
| | | Sub Total | 4295.75 | 4295.75 |
| | | Sales Tax | 174.62 | 174.62 |
| | | Total | | 4470.37 |

Authorization _____ Title _____

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.



LITHO DENSITY

D.YOUNG # 1

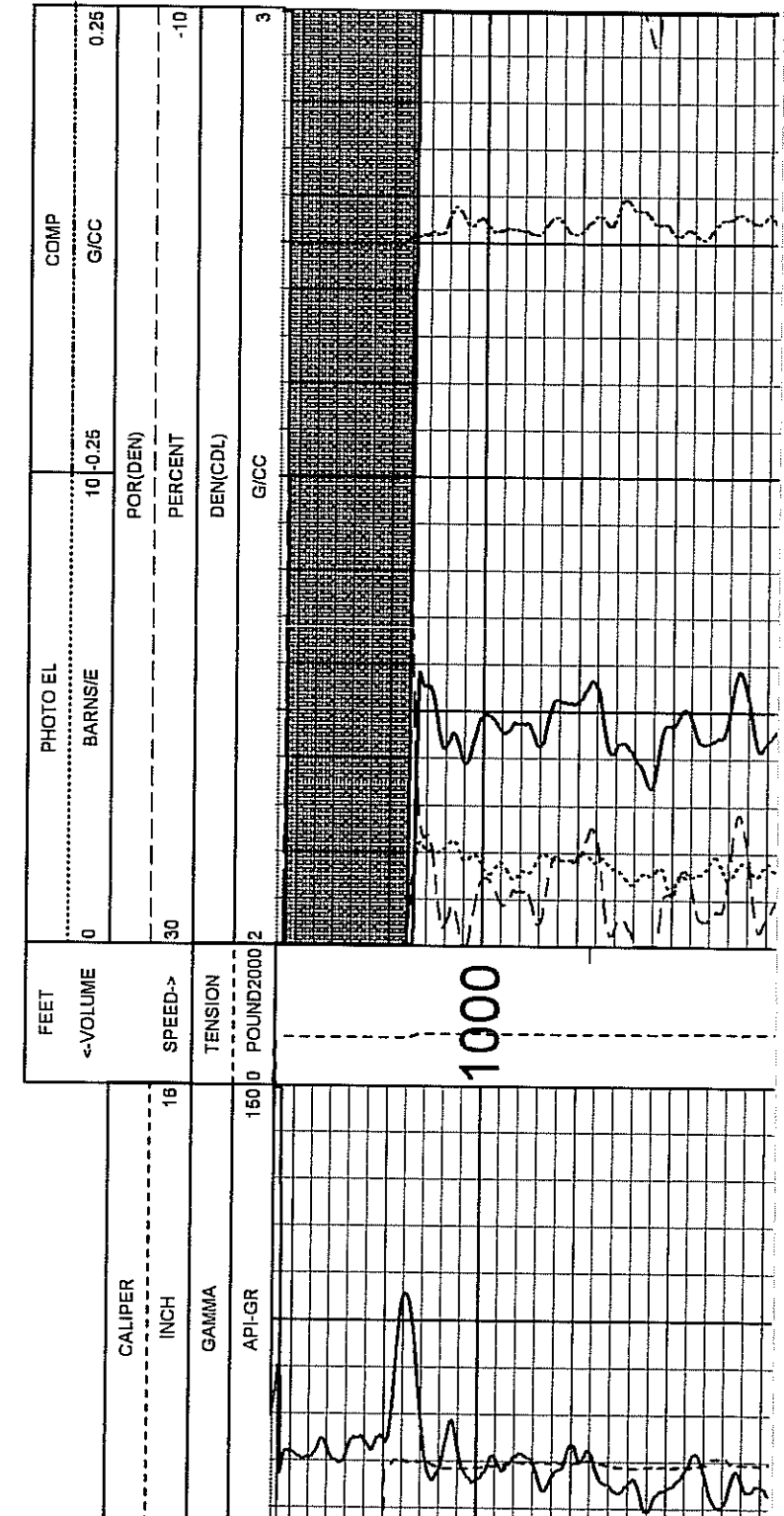
| | | | |
|---------------------|---|-----------------|--------|
| COMPANY | :STEVEN C. JONES | OTHER SERVICES: | |
| WELL | :D.YOUNG # 1 | DIL | |
| FIELD | :D.YOUNG | | |
| COUNTY | :GREENWOOD | | |
| STATE | :KANSAS | | |
| LOCATION | :W2- NE-NE-NE330 FNL & 542 FEL | | |
| SECTION | :16 | | |
| TOWNSHIP | :22S | | |
| RANGE | :11E | | |
| API NO. | :15-073-24209-00-00 | | |
| UNIQUE WELL ID. | :NA | | |
| PERMANENT DATUM | :G.L. | ELEVATION KB | :NA |
| LOG MEASURED FROM | :G.L. | ELEVATION DF | :NA |
| DRILL MEASURED FROM | :G.L. | ELEVATION GL | :NA |
| DATE | :05/14/14 | RIG NUMBER | :NA |
| DEPTH DRILLER | :2183 | LOGGER TD | :2184 |
| BIT SIZE | :7.875 | ARRIVAL TIME | :13:00 |
| LOG TOP | :977.80 | DEPARTURE TIME | :NA |
| LOG BOTTOM | :2184.30 | CIRC STOPPED | :NA |
| CASING OD | :NA | | |
| CASING BOTTOM | :NA | | |
| CASING TYPE | :STEEL | | |
| BOREHOLE FLUID | :MUD | | |
| FORM TEMPERATURE | :NA | | |
| MUD RES | :NA | | |
| MUD WEIGHT | :8.3 | | |
| WITNESSED BY | :S.JONES | | |
| RECORDED BY | :RUNNELS | | |
| REMARKS 1 | :THANKS FOR CALLING CENTURY WIRELINE 918-633-6871 | | |
| REMARKS 2 | :BOREHOLE VOLUME CALCULATED FOR 5.5 CSG | | |

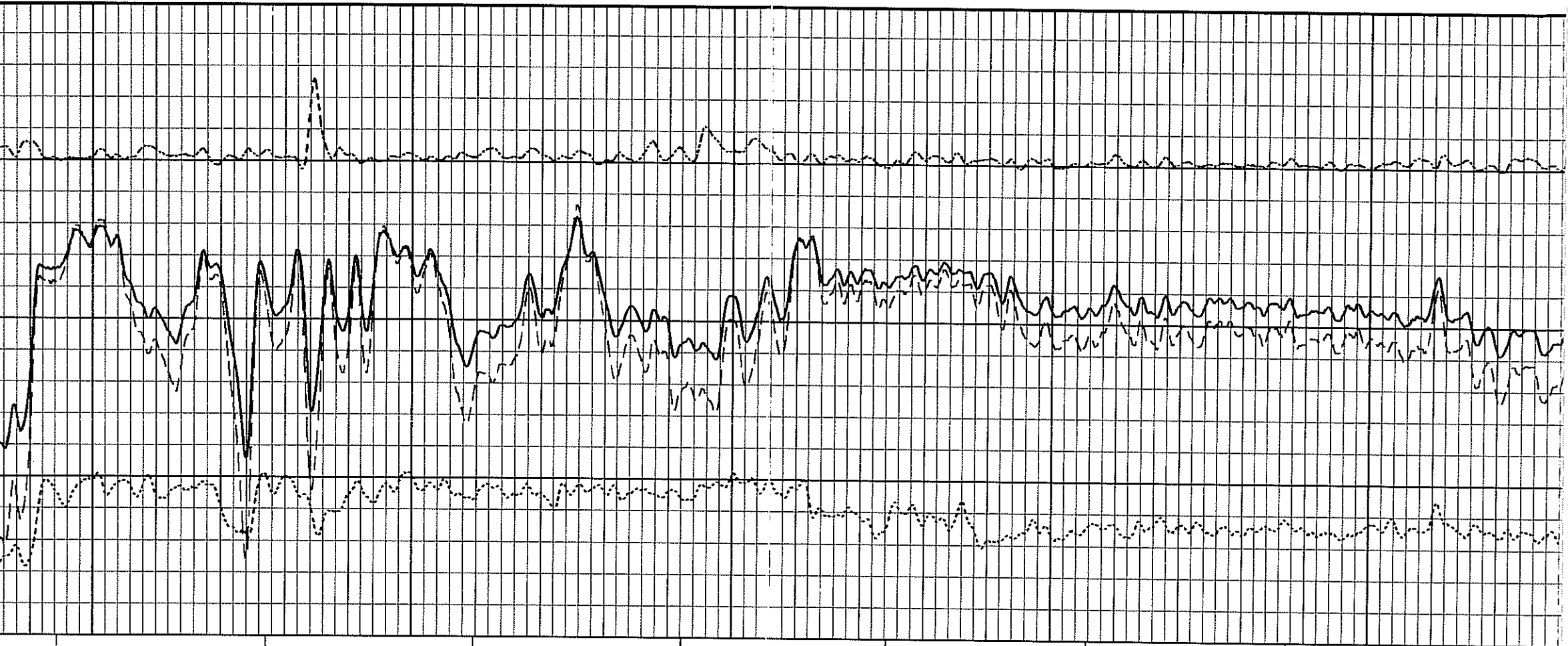
ALL SERVICES PROVIDED SUBJECT TO STANDARD TERMS AND CONDITIONS

5" LITHO DENSITY MAIN PASS D.YOUNG # 1 05/14/14

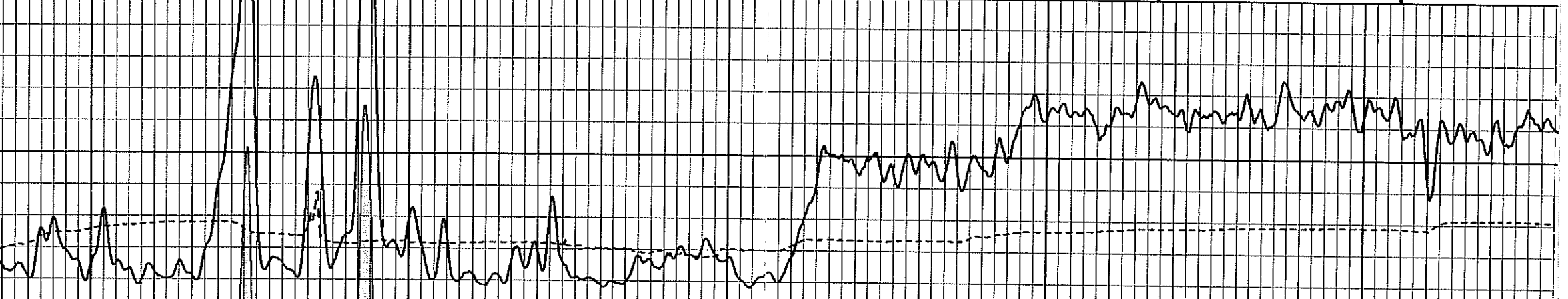
LOG PARAMETERS

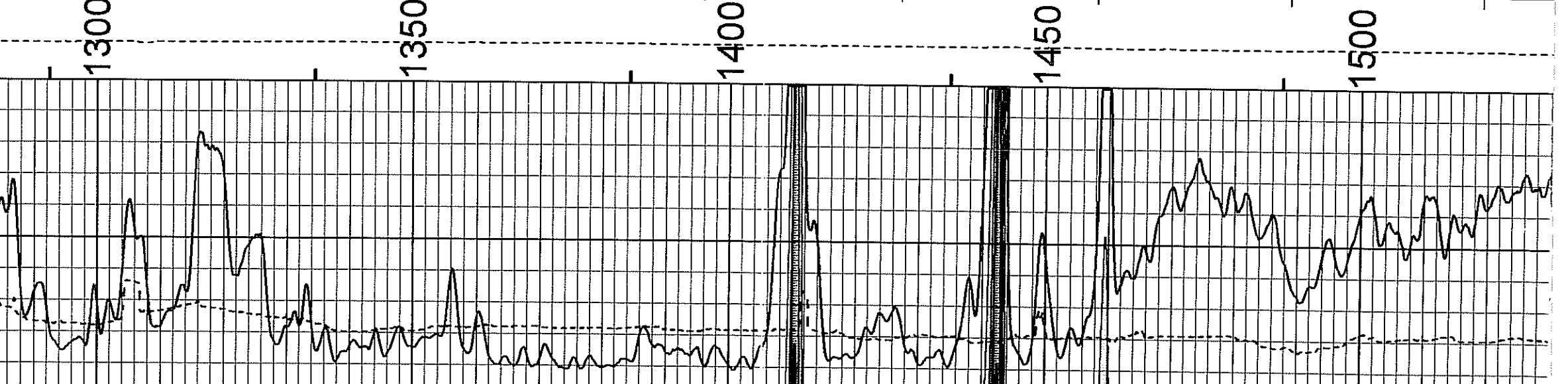
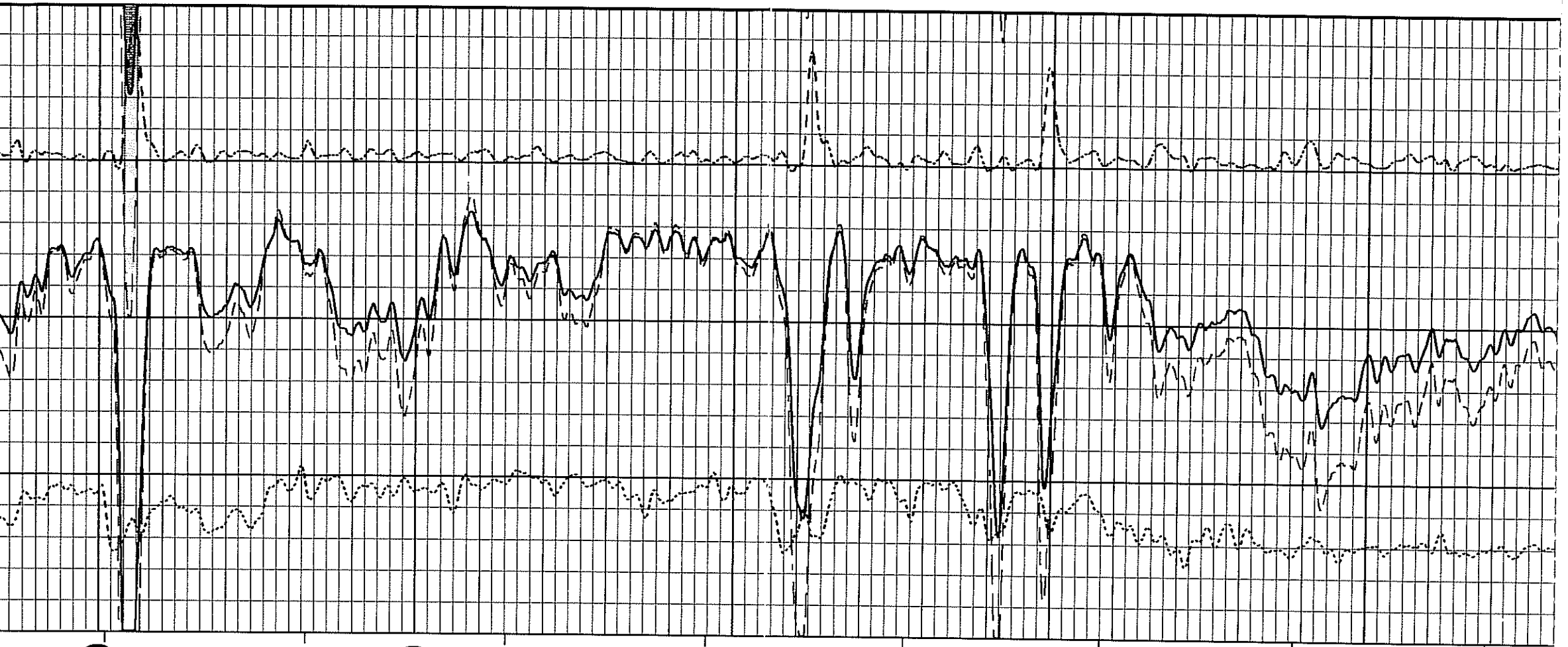
MATRIX DENSITY : 2.71
 MAGNETIC DECL : 0
 PRESENTATION NAME/DATE = 0 CWS CDL 4000 4239 ONLY 5 IN .0 05/14/2014 VERSION = 3.65GA
 NEUTRON MATRIX : LIMESTONE
 ELECT. CUTOFF : 9999
 MATRIX DELTA T : 49
 BIT SIZE : 7.875
 VERSION = 3.65GA





1050 1100 1150 1200 1250





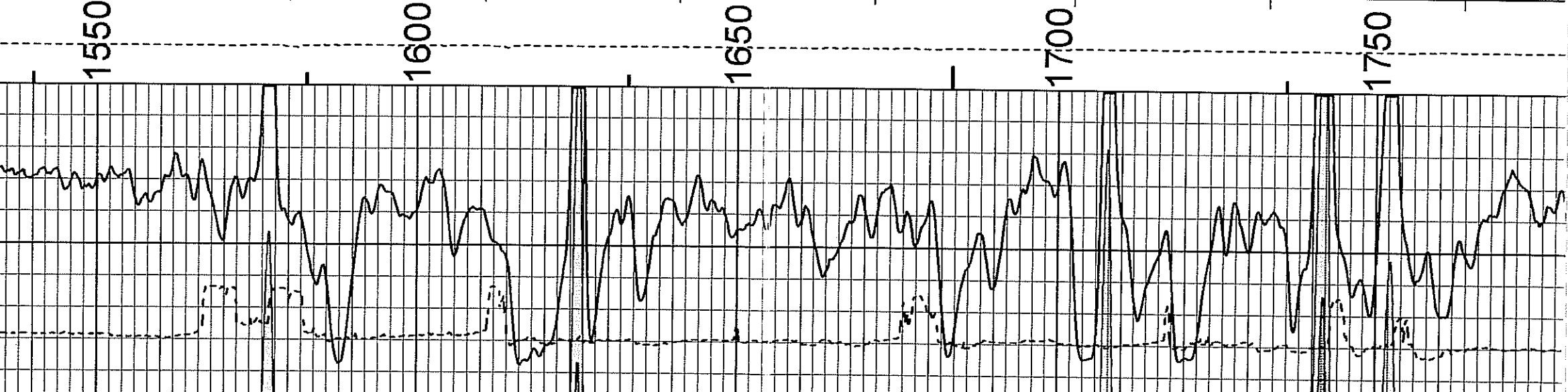
1300

1350

1400

1450

1500



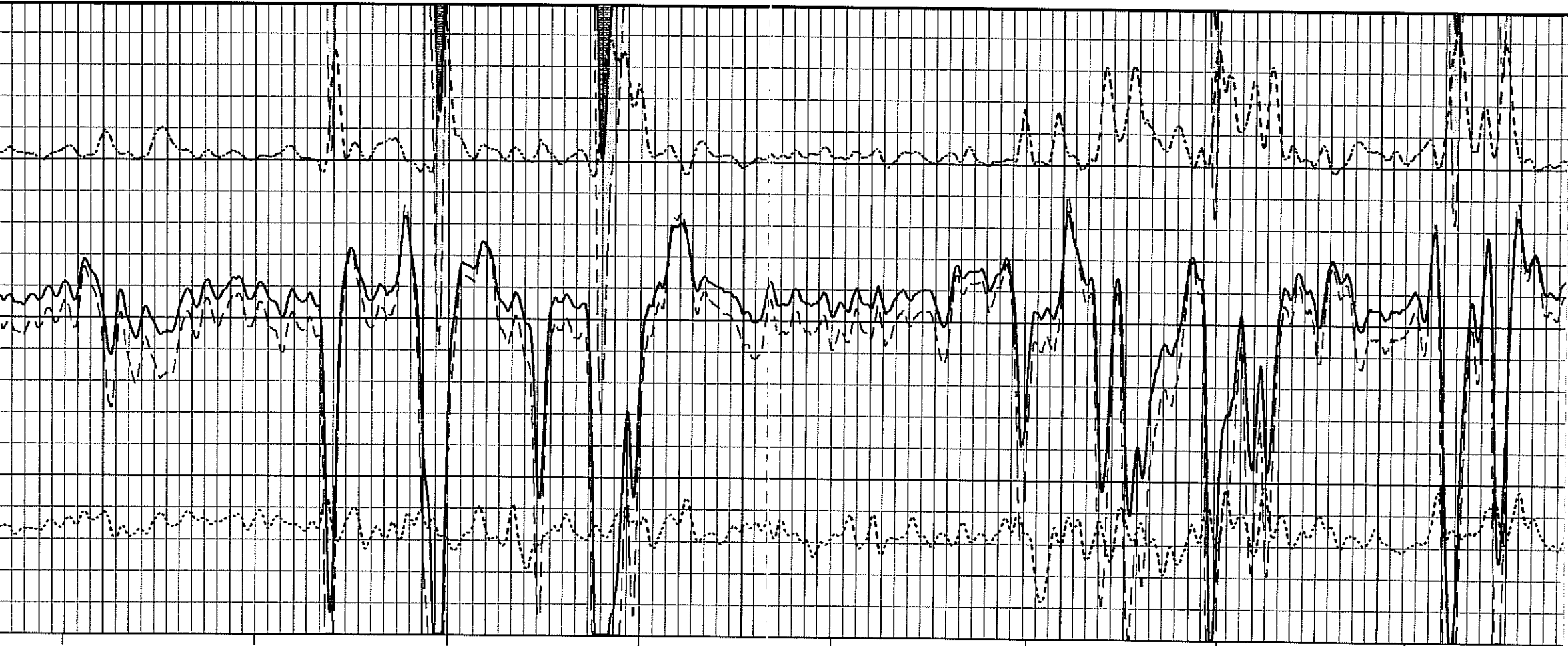
1550

1600

1650

1700

1750



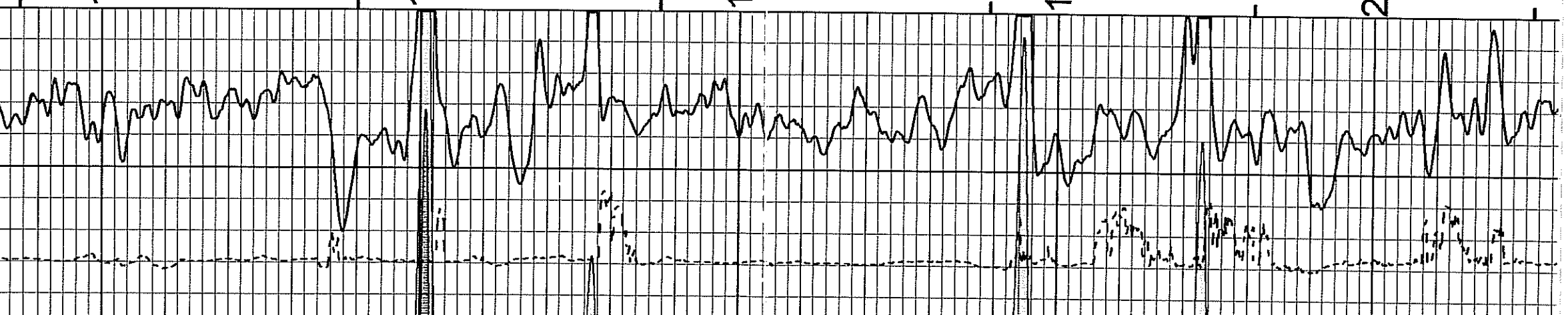
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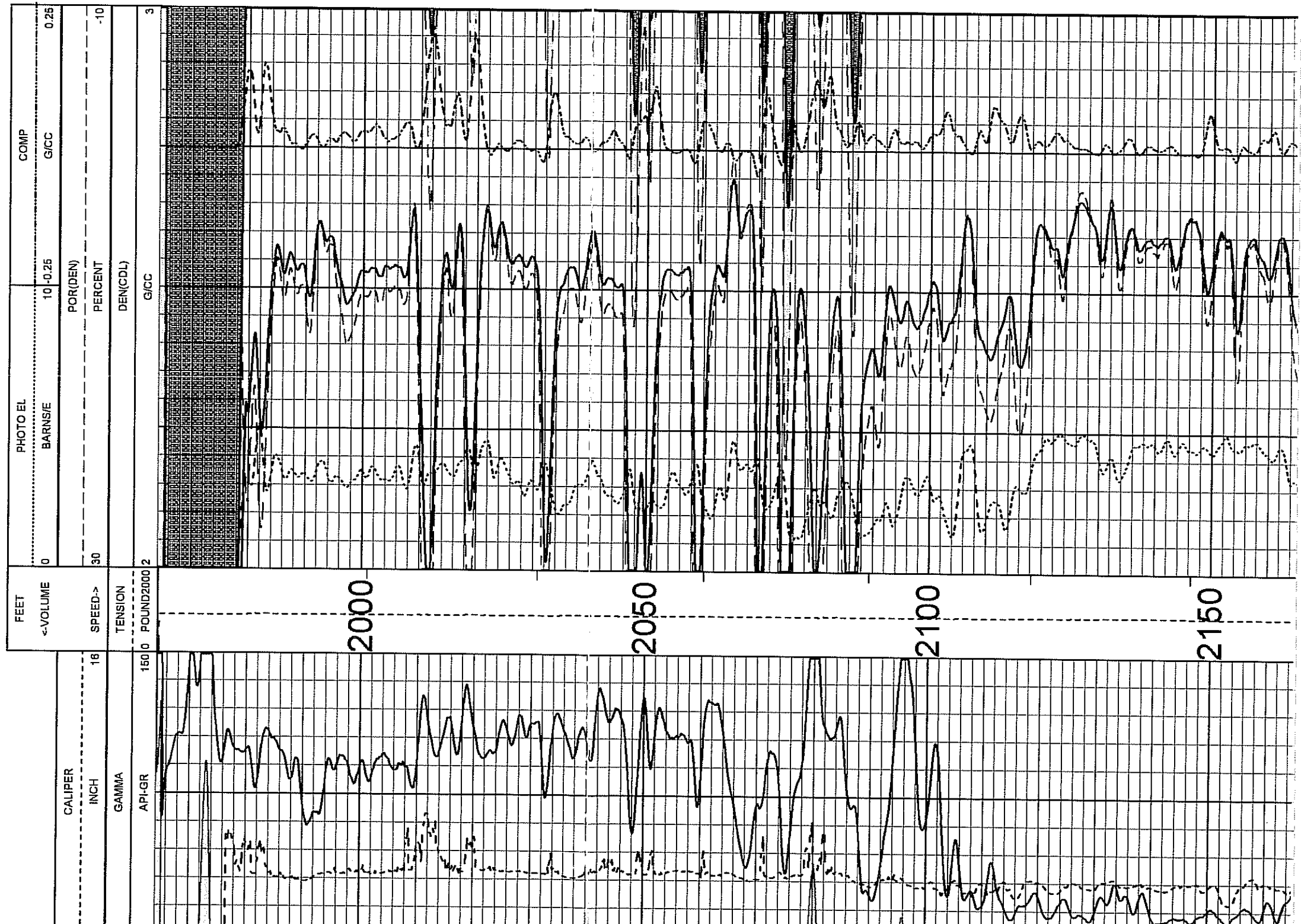
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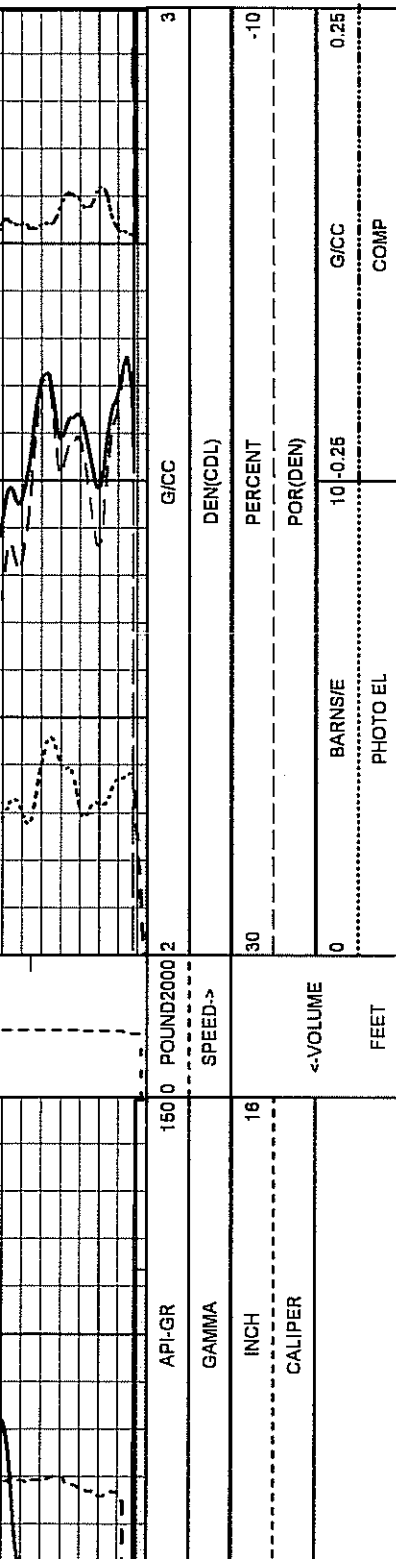
1900

1950

2000







| | | | | | |
|---------|-------|-----------|---|----------|----------|
| API-GR | 150.0 | POUND2000 | 2 | G/CC | 3 |
| GAMMA | | SPEED-> | | DEN(CDL) | |
| INCH | 18 | | | PERCENT | -10 |
| CALIPER | | | | POR(DEN) | |
| | | <-VOLUME | | BARNS/E | 10 -0.25 |
| | | FEET | | PHOTO EL | G/CC |
| | | | | | COMP |
| | | | | | 0.25 |

5" LITHO DENSITY, REPEAT D.YOUNG # 1 05/14/14

LOG PARAMETERS

MATRIX DENSITY : 2.71
 NEUTRON MATRIX : LIMESTONE
 MATRIX DELTA T : 49
 MAGNETIC DECL : 0
 ELECT. CUTOFF : 9999
 BIT SIZE : 7.875
 PRESENTATION NAME/DATE = 0 CWS CDL 4000 4239 ONLY 5 IN .0 05/14/2014
 VERSION = 3.65GA

TOOL CALIBRATION D.YOUNG # 1 05/14/14 15:02
 TOOL 4239 TM VERSION 2
 SERIAL NUMBER 2489D

| DATE | TIME | SENSOR | STANDARD | RESPONSE |
|------|-------------------|----------|------------------|------------------|
| 1 | Mar06,14 12:06:37 | CALIPER | 8.000 [INCH] | 184741.297 [CPS] |
| 2 | Mar06,14 12:06:37 | CALIPER | 8.000 [INCH] | 292765.084 [CPS] |
| 3 | Apr15,14 18:25:01 | DEN(LS) | 1.640 [G/CC] | 13105.000 [CPS] |
| 3 | Apr16,14 18:25:01 | DEN(LS) | 2.606 [G/CC] | 19000.000 [CPS] |
| 3 | Mar06,14 11:36:00 | DEN(SS) | 1.684 [G/CC] | 26868.000 [CPS] |
| 4 | Mar06,14 11:36:00 | DEN(SS) | 2.580 [G/CC] | 14110.000 [CPS] |
| 4 | Mar06,14 11:36:27 | PHOTO EL | 3.244 [BARNS/E] | 3.886 [CPS] |
| 4 | Mar06,14 11:36:27 | PHOTO EL | 0.784 [BARNS/E] | 2.962 [CPS] |

TOOL CALIBRATION D.YOUNG # 1 05/14/14 15:02
 TOOL 4000 TM VERSION 24
 SERIAL NUMBER 2487

| DATE | TIME | SENSOR | STANDARD | RESPONSE |
|------|-------------------|--------|-------------------|------------------|
| 1 | Dec30,13 13:33:41 | GAMMA | 1.000 [API-GR] | 0.000 [CPS] |
| 2 | Dec30,13 13:33:41 | GAMMA | 340.000 [API-GR] | 350.000 [CPS] |
| 2 | Dec30,13 13:33:47 | TEMP | 33.000 [DEG F] | 285121.000 [CPS] |
| 2 | Dec30,13 13:33:47 | TEMP | 126.000 [DEG F] | 347244.000 [CPS] |