



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227792
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: _____



1227792

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

802 N. Industrial Rd.
 P.O. Box 664
 Iola, Kansas 66749
 Phone: (620) 366-5588

Payless Concrete Products, Inc.

CONDITIONS
 Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, we assume no responsibility for damage to buildings, sidewalks, curbs, etc. which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.
NOTICE TO OWNER
 Payless Concrete Products, Inc. warrants that the concrete delivered hereunder will be of the quality and quantity specified in the contract and that the filling of a mechanic's lien on the property which is the subject of this contract.

HAHW1
 P. A. A WELL SERVICE
 4500 CONNECTICUT RD
 ELSMORE KS 66730

LEASE: WILLIAMS K-14
 54 E TO 59 HWY S TO CONNECTICUT
 RD E 0.5MI SSO

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/TRANSACTION #
5:41 PM	WELL	8.50	0.50	34	ALICD
DATE	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	TICKET NUMBER
5/7/14	1	0.50	24	0.00	36706

WARNING
 IRRITATING TO THE SKIN AND EYES

Contains Portland Cement, Water, Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.
 The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any sums owed.
 All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.
 Not Responsible for Quantity Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.
 A 25% Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.
 Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE
 (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
 Dear Customer: The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of the load may possibly cause damage to the premises and/or adjacent property if placed the material in the load where you desire it. It is our intent to help you in every way that we can. In order to do this we request that you sign this RELEASE in order to release the supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc. by the delivery of the material, and that you also agree to help him remove mud from the wheels of the vehicle so that he will not enter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of the truck and the supplier for any and all damage to the premises and/or adjacent property, which may be claimed by anyone to whom the driver of the truck is liable.
 I have read this RELEASE and I agree to the terms hereof. I have signed this RELEASE in the presence of _____
 X _____

Excessive Water is Detrimental to Concrete Performance
 H₂O Added By Request/Authorized By
 GAL X _____
 WEIGHTMASTER
 NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.
 LOAD RECEIVED BY: _____
 X _____

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
9.50	WELL	WELL (10 SACKS PER UNIT)		0.50
3.00	TRUCKING	TRUCKING CHARGE		3.00
0.50	MIXHAUL	MIXING AND HAULING		0.50

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR ON PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
559	6/5	650		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
TAX 7.40				
ADDITIONAL CHARGE 1 _____				
ADDITIONAL CHARGE 2 _____				
GRAND TOTAL				

A&A WELL SERVICES, INC

WILLIAMS 2-14

0 Top Soil & Clay 8
8 Lime 186
186 Shale 304
304 Lime 347
347 Shale 394
394 Lime 429
429 Shale 478
478 Lime 498
498 Shale 502
502 Lime 507
507 Shale 602
602 Lime 604
604 Shale 658
658 Sandy Shale Light Odor 666
666 Sandy Odor & Light Show 673
673 Sand Odor & Show 677
677 Sand Odor & Good Show 682
682 Sand Odor & Light Show 685
685 Sand Odor & Good Show 703
703 Shale 730
730 TD



**GAMMA RAY
NEUTRON
COMPLETION LOG**

Company	A & A WELL SERVICE		
Well	WILLIAMS #2-14		
Field	ELSMORE SHOESTRING		
County	ALLEN	State	KANSAS
Location:	3570' FSL & 2275' FEL SE NW SW NE		
APR # :	15-001-31006-00-00		
Other Services			
Permanent Datum	G.L.	Elevation	1074 EST
Log Measured From	G.L.	K/B	
Drilling Measured From	G.L.	D.L.	1074 EST
Date	5-16-2014		
Run Number	1 NW		
Depth Driller	721.2		
Top Log Interval	SURFACE		
Bottom Logged Interval	721.2		
Fluid Level	FULL		
Type Fluid	WATER		
Production Casing	2 7/8" @ T.D. @		
Max. Recorded Temp.			
Estimated Cement Top			
Calculated Cement Top			
Amount & Type Cement			
Drilling Contractor	COMPANY TOOLS		
Equipment Number	107		
Location	UDEN, D.		
Recorded By	BECKER, S.		
Witnessed By			

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
GR	7.59		GR-TITAN 169 (TIT169_001) Titan 1 11/16" Gamma Ray	4.75	1.69	20.00
CCL	5.05		CCL-TITAN 169 (TIT169) Titan 1 11/16" Logging CCL	1.83	1.69	7.50
NEU	0.63		NEU-TITAN 169 (TIT169_001) Titan 1 11/16" Neutron	4.33	1.69	20.00

Dataset: williams #2-14.db: field/well/run1/pass1
Total Length: 10.92 ft
Total Weight: 47.50 lb
O.D.: 1.69 in

Database File: e:\williams #2-14.db
Dataset Pathname: pass1
Presentation Format: gr-n-ccl
Dataset Creation: Fri May 16 13:38:15 2014 by Log Std Casedhole 07122
Charted by: Depth in Feet scaled 1:240

