



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227807
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: _____



1227807

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: 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) 365-5588

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, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, 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 strength test when shipped in accordance with our standard. We do not assume responsibility for NOTICE TO OWNER
 Failure of this contractor to pay those persons supplying material or services to complete the contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	BATCH#	DRIVER/TRUCK	PLANT/TRANSACTION #
12:50 PM	WELL	50	12.50		RC 34	01100
DATE	PO NUMBER	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	TICKET NUMBER
4/23/14	WELSON		12.50			36559

WARNING

IRRITATING TO THE SKIN AND EYES
 Contains Potassium Cement, Wear 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, See 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 2% per annum.
 Not Responsible for Reaches, Aggravate 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 truck may possibly cause damage to the premises and/or adjacent property. I request the release in this document where you declare as it is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE releasing him and his employer from any responsibility from any damage that may occur to the premises, driveway, sidewalk, etc. By the delivery of this release, you also agree to help him remove any debris from the wheels of the vehicle so that he will not bear the public's wrath. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver and/or adjacent property which may be claimed by anyone to have caused damage to the premises.
 I have read this release and agree to the terms and conditions hereof.
 Signature: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date: _____

Excessive Water is Detrimental to Concrete Performance
 H₂O Added By Request/Authorized By
 GAL X _____
 WEIGHMASTER
 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: _____
 SIGNATURE: _____

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
12.50	WELL	WELL (10 SACKS PER UNIT)	12.50	
12.50	MIXHOLE	MIXING AND HOURLINE	12.50	
3.00	TRUCKING	TRUCKING AND CHARGE		
RETURNED TO PLANT LEFT JOB FINISH UNLOADING DELAY EXPLANATION/CYLINDER TEST TAKEN TIME ALLOWED LEFT PLANT ARRIVED JOB START UNLOADING 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER TOTAL ROUND TRIP TOTAL AT JOB UNLOADING TIME 112 153 218 DELAY TIME ADDITIONAL CHARGE 1 ADDITIONAL CHARGE 2 GRAND TOTAL				

A&A WELL SERVICES, INC.

NELSON 2-14

0 Top soil & clay 5
5 Lime 55
55 Shale 62
62 Lime w/ shale streaks 111
111 Shale 119
119 Lime 153
153 Shale 158
158 Lime 176
176 Shale 294
294 Lime 322
322 Shale 386
386 Lime 423
423 Shale 470
470 Lime 489
489 Shale 491
491 Lime 496
496 Shale 501
501 Lime 503
503 Shale 593
593 Lime 595
595 Shale 608
608 Sandy Shale 682
652 Oil sand 655 (Odor & Show)
655 Sandy Shale 662 (Odor)
655 Sandy Shale 662 (Odor)
662 Sand 666 (odor & show)
666 Sandy Shale 670
670 Sand 676 (Show & Odor)
676 Sandy Shale 681
681 Sand 690 (Good Show)
690 Sandy Shale 694
694 Sand 702 (Good show)
702 Shale 730
730 TD



**GAMMA RAY
NEUTRON
COMPLETION LOG**

Company		A & A WELL SERVICE	
Well		NELSON #2-14	
Field		ELSMORE SHOESTRING	
County		ALLEN	
State		KANSAS	
Location:		APR #: 15-001-30997-00-00	
Permanent Datum		SEC 21 TWP 26S RGE 21E	
Log Measured From		G.L.	
Drilling Measured From		G.L.	
Elevation		1047 EST	
Other Services		510' FSL & 3630' FEL N/2 SW SE SW	
Date	5-16-2014	Run Number	1 NW
Depth Driller		Depth Logger	721.4'
Top Log Interval		Bottom Logged Interval	SURFACE
Fluid Level		Fluid Level	FULL
Production Casing		Type Fluid	WATER
Max. Recorded Temp.		Production Casing	2 7/8" @ T.D.
Estimated Cement Top		Estimated Cement Top	
Calculated Cement Top		Amount & Type Cement	
Drilling Contractor		Equipment Number	COMPANY TOOLS 107
Recorded By	UDEN, D.	Witnessed By	BECKER, S.

<<< 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: nelson #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:\nelson #2-14.db
Dataset Pathname: pass1
Presentation Format: gr-n-ccl
Dataset Creation: Fri May 16 08:38:10 2014 by Log Std Casdhole 07122
Charted by: Depth in Feet scaled 1:240

