



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227809
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: _____



1227809

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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: _____ _____
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Jarred Leis
 Petroleum Geologist
 201 E. Oak St.
 Yates Center, KS 66783
 620-212-0048

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY Heavy Oil Treatment Solutions
 LEASE Robbins #3
 FIELD Six Corners
 LOCATION SW-NW-NE (4290 FSL, 2310 FEL)
 SEC 23 TWP 12S RGE 20E
 COUNTY Leavenworth STATE Kansas

ELEVATIONS
 KB 916
 DF 888
 GL 706 est
 Measurements Are All
 From KB

CONTRACTOR Summit Drilling
 SPUD 9/9/2014 COMP 9/14/2014
 RTD 2092 LTD _____
 MUD UP 1590 TYPE MUD _____

CASING
 SURFACE 8 7/8"
 PRODUCTION _____
 ELECTRICAL SURVEYS
 Dual Induction, Compensated Dip
 Neutron Density

FORMATION TOPS AND STRUCTURAL POSITION

FORMATION	SAMPLE TOP	ELECTRIC LOG TOP	SUB-SEA DATUM	STRUCTURAL POSITION		
				A	B	C
<u>Synclinal Section</u>	<u>744</u>	<u>796</u>	<u>+160</u>			
<u>Mississippi</u>	<u>1237</u>	<u>1214</u>	<u>-308</u>			
<u>Osage</u>	<u>1388</u>	<u>1382</u>	<u>-476</u>			
<u>Kinderhook</u>	<u>1600</u>	<u>1590</u>	<u>-684</u>			
<u>Hunter</u>	<u>1644</u>	<u>1638</u>	<u>-732</u>			
<u>Simpson</u>	<u>1842</u>	<u>1838</u>	<u>-932</u>			
<u>Arbuckle</u>	<u>1918</u>	<u>1906</u>	<u>-1060</u>			

REFERENCE WELLS FOR STRUCTURE

A _____
 B _____
 C _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

271161

SURFACE WELL #3

TICKET NUMBER 48137
LOCATION Chawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/10/14	9899	Robbins #3	NE23	12	20	LV
CUSTOMER Heavy Oil Treatment			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1513 Mustang Dr			729	Casey	✓ Safety Meeting	
CITY Baldwin			666	Kei Car	✓	
STATE KS			510	Das Web	✓	
ZIP CODE 66000			370	Mit Max	✓	

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 130' CASING SIZE & WEIGHT 8 5/8"
CASING DEPTH 108' DRILL PIPE _____ TUBING _____ OTHER 15' landing sub
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'
DISPLACEMENT 7.0 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 600 lbs Class "A" cement w/ 2% premium gel, 2% Calcium Chloride, & 1/4 # Floeal per sk, cement to surface, displaced cement w/ 7.0 bbls fresh water, shut in casing.

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		870.00 ✓
5406	45 mi	MILEAGE		189.00 ✓
5402	108'	casing footage		
5407	minimum	ton mileage		368.00 ✓
5502C	3 hrs	SD Vac		300.00 ✓
1104S	600 lbs	Class "A" cement	15.70	942.00 ✓
1118B	113 #	Premium Gel	.22	24.86 ✓
1102	113 #	Calcium Chloride	.78	88.14 ✓
1107	15 #	Floeal	2.47	37.05 ✓
		materials		1092.05 ✓
		-30%		327.62 ✓
		Subtotal		764.43
		<u>Id 9/12/14 #1100</u>		
				2897.13
		7.15%	SALES TAX	54.66 ✓
			ESTIMATED TOTAL	2546.09 ✓

Rawin 3737

AUTHORIZATION No Co. Rep. on location TITLE [Signature] DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form