



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228371
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: _____



1228371

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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CONSOLIDATED
Oil Well Services, LLC

268705

TICKET NUMBER 47297

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/3/14	5000	Neese # JV-2	SE 29	17	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Stinger Ventures			729	Casten	✓ Safety	Maeking
MAILING ADDRESS			666	Garvas	✓	
5713 E. North St.			558	Art McD	✓	
CITY	STATE	ZIP CODE	370	Kei Det	✓	
Salina	KS	67401				

JOB TYPE log string HOLE SIZE 5 7/8" HOLE DEPTH 702' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 688' DRILL PIPE _____ TUBING _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ OTHER _____
 DISPLACEMENT 3.98 bbls DISPLACEMENT PSI _____ CEMENT LEFT in CASING _____
 MIX PSI _____ RATE 5 bpm

REMARKS: held safety maeking, established circulation, mixed + pumped 200 # Premium
Gel followed by 10 bbls fresh water, mixed + pumped 100 sts 5/50 Pozmix
cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, pushed
pump clean, pumped 2 1/2" rubber plug to casing, TD w/ 3.98 bbls fresh
water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	15 mi	MILEAGE		1085.00
5402	688'	Casing footage		63.00
5407	minimum	for mileage		
5502C	2 hrs	PO Vac		368.00
				200.00
1124	100 sts	5/50 Pozmix cement	1150.00	
1118B	368 #	Premium Gel	80.96	
1107A	50 #	Phenoseal	67.50	
		materials	1298.46	
		- 30%	389.54	
		Subtotal		908.92
4402	1	2 1/2" rubber plug		29.50
				3145.55
			7.65%	SALES TAX 71.79
				ESTIMATED TOTAL 2726.21

Ravin 3737

AUTHORIZATION No Co Rep on location TITLE _____

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.

LEASE NAME Neese
 WELL SV2
 SURFACE PIPE 7"
 PRODUCTION:

OPERATOR Utahoil
 LOCATION Rantoul
 H 240 Cement bags 5
 PIPE SIZE 2 7/8

START DATE: 30 May 14
 API:

TD 702

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
14	Soil		14	18	Shale		498
44	Shale		58	6	Lime		504
18	Lime		76	2	Shale		506
14	Shale		90	4	Lime	great bleed	510
2	Lime		92	1	Lime		511
17	Shale		109	3	Shale	very Broken Sand	514
5	Lime		114			Very little bleed	
31	Shale		145	1	Shale		515
11	Lime		156	3	Broken Sand	Little bleed	518
2	Shale		158	40	Shale		558
5	Lime		163	4	Lime		562
9	Shale		172	9	Shale		571
13	Lime		185	3	oil Sand	good bleed	574
3	Shale		188	10	Shale		584
10	Lime		198	1	Broken Sand	good bleed	585
12	Shale		210	4	oil Sand	good bleed	589
20	Lime		230	1	Broken Sand		590
4	Shale		234	18	Shale		608
6	Lime		240	2	Coal		610
1	Shale		241	8	Shale		618
5	Lime		246	8	Lime		626
4	Shale		250	2	Shale		628
1	Lime		251	2	Coal		630
35	Shale		286	2	Shale	oil show	632
1	Lime	KC Base	287	8	Broken Sand	good bleed	640
109	Shale		396	5	oil Sand	good bleed	645
2	Lime		398	58	Shale	TD	702
3	Shale		401				
11	Lime		412				
5	Shale		417			* 1 core 642-662 *	
1	Lime		418			No Baffle	
40	Shale		458			Ronnie	
8	Lime		466				
12	Shale		478				
2	Lime		480				

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 21, 2014

BRAD LEACH
Utah Oil LLC
2394 UTAH RD
RANTOUL, KS 66079

Re: ACO-1
API 15-059-26593-00-00
Neese SV 2
SW/4 Sec.29-17S-21E
Franklin County, Kansas

Dear BRAD LEACH:

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 05/30/2014 and the ACO-1 was received on October 19, 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