



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228372
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: _____



1228372

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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LEASE NAME Neesse OPERATOR Utahoil
 WELL # SV 1 LOCATION Rantoul
 SURFACE PIPE 7" HT 20'0 Cement/bags 5
 PRODUCTION: PIPE ~~2 7/8~~ SIZE 2 7/8 - FT
USED

START DATE: 28 May 14
 API
723.10 R. 91 Baffle 690.35
TD 742

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
15	Soil		15	24	Shale		466
3	Broken Lime		18	10	Lime		476
50	Shale		68	10	Shale		486
18	Lime		86	2	Lime		488
12	Shale		98	2	Shale		490
4	Lime		102	3	Coal		493
12	Shale		114	7	Shale		500
4	Lime		118	3	Lime		503
37	Shale		155	4	Shale		507
11	Lime		166	7	Lime		514
3	Shale		169	2	Shale		516
5	Lime		174	3	^{brown} Lime	great Bleed	519
10	Shale		184	4	wht shale		523
12	Lime		196	3	Broken Sand	Very little Bleed	526
1	Shale		197	4 1/2	Shale		568
13	Lime		210	2	Lime		570
8	Shale		218	11	Shale		581
20	Lime		238	5	oil Sand	Lite Bleed	586
4	Coal		242	4	Shale		590
1	Shale		243	2	Shale		592
6	Lime		249	4	oil Sand	good Bleed	596
2	Shale		251	3	Broken Sand	good Bleed	599
4	Lime		255	17	Shale		616
23	Shale		278	3	Coal		619
2	Lime		280	9	Shale		628
14	Shale		294	4	Lime		632
2	Lime	KC Base	296	4	Coal		636
104	Shale		400	18	Shale		654
2	wht Sand		402	1	Broken Sand	great Bleed	655
2	Shale		404	1	oil Sand	Corepoint	656
19	Lime		423	5	oil Sand		661
3	Shale		426	15	Shale		676
2	Sand		428	4	Coal		680
12	Shale		440	10	Broken	No Smell / Bleed?	690
2	Coal		442	2	Shale		692



CONSOLIDATED
Oil Well Services, LLC

268600

TICKET NUMBER 47212

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
5/30/14	5000	Nesse # SV-1	SE 29	17	21	FR
CUSTOMER Stinger Ventures			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 5113 E North St.			729	Casey	✓ Safety Meeting	
CITY STATE ZIP CODE Salina KS 67401			666	Gar Moo	✓	
			510	Fred	✓	
			637	Joe Kuo	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 742' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 723' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.18 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 100 sks 50/50 Pozmix cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.18 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	723'	casing footage		63.00
5407	minimum	top mileage		368.00
5502C	2 hrs	80 Vac		200.00
1124	100 sks	50/50 Pozmix cement	1150.00	
118B	268 #	Premium Gel	58.96	
1167A	50 #	Phenoseal	67.50	
		materials	1276.46	
		- 30%	382.94	
		subtotal		893.52
4402	1	2 1/2" rubber plug		29.50
				3/21.87
			7.65%	70.62
			ESTIMATED TOTAL	2709.64

Revin 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.

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 15-059-26592-00-00
Neese SV 1
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 05/28/2014 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