



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228376
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: _____



1228376

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

LEASE NAME **Weese**
 WELL **505**
 SURFACE PIPE **7"**
 PRODUCTION:

OPERATOR **Utah Oil**
 LOCATION **Rantoul**
 LEASE **2010**
 PIPE **0500**

START DATE **3 Jun 14**
 API **15-059-26703**

5
698.25 **Baffle 667.25**
TD 722

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
16	Soil		16	24	Shale		448
41	Shale		57	2	coal		450
14	Lime		71	6	Shale		456
1	Shale		72	8	Lime		464
2	Lime		74	10	Shale		474
12	Shale		86	3	Lime		477
6	Lime		92	2	coal		479
15	Shale		107	10	Shale		489
4	Lime		111	3	Lime		492
33	Shale		144	2	Shale		494
11	Lime		155	8	Lime	oil Show	502
2	Shale		157	7	Lime	excellent Bleed	509
4	Lime		161	6	very broken	Very little Bleed	515
9	Shale		170	42	Shale		557
13	Lime		183	1	Lime		558
2	Shale		185	8	Shale		
13	Lime		198	8	Broken sand	Little Smell/Bleed	578
4	Coal		202	2	Shale		580
7	Shale		209	2	Broken sand	Little Bleed/Smell	582
1	Lime		210	4	Broken sand	Lite Bleed	586
2	Shale		212	4	Broken sand	Very little Bleed	590
17	Lime		229	26	Shale		616
3	Coal		232	3	Lime		619
6	Lime		238	2	Coal		621
2	Shale		240	5	Shale		626
3	Lime		243	4	Shale	Slight Smell	630
43	Shale		286	4	Shale	Slight Smell	634
6	Lime	KC Base	292	4	Shale	very Broken Smelly	638
94	Shale		386	1	Broken	good Bleed	639
7	wht sand	No Show	393	7	oil sand	great Bleed	646
12	Lime		405	30	Shale		676
1	Shale		406	6	Broken sand	No Show	682
6	Lime	Soft	412	40	Shale	TD	722
8	Shale		420	*		(core 642-62)	
4	wht sand	No Show	424			31' Baffle	

Ronnie



CONSOLIDATED
Oil Well Services, LLC

268786

TICKET NUMBER 47310
LOCATION Ottawa
FOREMAN Alan Maden

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
10-6-14	5000	Neese SV-5	SW 29	17	21	FR

CUSTOMER
Stinger Ventures
MAILING ADDRESS
5113 East North St
CITY
Salina STATE
KS ZIP CODE
67401

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alan Mad	Safety	Meet
368	Ar(McD)		
675	Kei Det		
558	Gar Moo		

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 722 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 698.25 DRILL PIPE _____ TUBING _____ OTHER bt 666.65
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
DISPLACEMENT 3.88 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 96 sk 50150 cement plus 2 1/2% gel & 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

Ron Howard, Utah

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 ⁰⁰
5406	15	MILEAGE	368	63 ⁰⁰
5402	698.25	casing footage	368	—
5407	mi	tax miles	558	318 ⁰⁰
5502L	2	80 vac	675	200 ⁰⁰
1124	96	50150 cement	1104 ⁰⁰	
118B	261#	gel	57.42	
1107A	48#	phenoseal	64.80	
		Material sub	1226.22	
		less 30%	-367.87	
		Material total		858.35
4402	1	2 1/2 plug		29.50
			3067.79	
		SALES TAX		67.93
		ESTIMATED TOTAL		2676.78

Ravin 3737

AUTHORIZATION [Signature] 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 20, 2014

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

Re: ACO-1
API 15-059-26703-00-00
Neese SV 5
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 06/03/2014 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