



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229360
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: _____



1229360

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well:Doherty KR-10
Lease Owner:Ks Res Exp

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
4-25-2014

WELL LOG

Thickness of Strata	Formation	Total Depth
23	soil/clay	23
27	shale	50
22	lime	72
11	shale	83
5	lime	88
38	shale	126
14	lime	140
11	shale	151
26	lime	177
6	shale	183
21	lime	204
3	shale	207
17	lime	224
4	shale	228
2	shale and lime	230
17	sandy shale	247
6	sandy shale	253
10	sandy shale	263
104	shale	267
2	sandy shale	369
1	sandy shale	370
4	sandy shale	374
8	sandy shale	382
5	sandy shale	387
3	sandy lime	390
5	sandy lime	395
3	sandy lime	398
5	sandy lime	403
4	shale	407
4	lime	411
4	sandy lime	415
2	sandy lime	471
7	lime	424
21	sandy shale	445
9	shale	454
8	lime	462
4	sandy shale	466
11	shale	477
3	lime	480
1	slate	481

Miami County, KS
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(913) 837-8400

Commenced Spudding:
4-25-2014

16	shale	497
7	lime and shale	504
17	shale	521
4	lime and shale	525
10	shale	535
7	lime and shale	542
5	shale	547
3	lime	550
5	slate	555
5	shale	560
2	coal	562
6	shale	568
2	broken sand	570
4	sand	574
26	sand	600
4	broken sand	604
12	shale	616
2	lime	618
3	shale	621
1	sand	622
2	sandy shale	624
1	broken sand	625
19	cored	644
1	sand	645
11	sand	656
4	sand	660
2	broken sand	662
2	shale and coal	664
14	shale	678
13	sandy shale	691
69	shale	760-TD



CONSOLIDATED
Oil Well Services, LLC

267794

TICKET NUMBER 47090
LOCATION Ottawa
FOREMAN Alan Mader

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
4-29-14	4448	Doherty, KR-10	NW 2-1	17	22	M:
CUSTOMER Kansas Resources E&D						
MAILING ADDRESS 9393 W 110 th						
CITY Overland Park		STATE KS	ZIP CODE 66210			
JOB TYPE log string	HOLE SIZE 5 7/8	HOLE DEPTH 760	CASING SIZE & WEIGHT 2 7/8	OTHER bf 694.95		
CASING DEPTH 724.55	DRILL PIPE	TUBING	CEMENT LEFT IN CASING yes	RATE 4.6pm		
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	MIX PSI 200			
DISPLACEMENT 4.024	DISPLACEMENT PSI 800	REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 100 sk 50 150 cement plus 2 1/2 gal & 1/2# phenoseal per sack. Calculated cement. Flushed pump. Pumped plug to batfle. Well held 800 PSI. Set float. Closed valve.				

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alan Mader	Safety	Mader
368	Art M.D.		
369	Der Mas		
503	Kei Car		

Chad, 105

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	25	MILEAGE	368	105.00
5402	724.55	Casing footage	368	-
5407	1/2 gal	ton miles	503	184.00
5502L	2	80 gal	369	200.00
1124	100	50/150 cement	1150.00	
1118B	272#	gel	59.84	
1107A	30#	phenoseal	67.50	
		material sub less 30%	1272.34 - 383.20	
		material total		894.14
7402	1	2 1/2 plug		29.00
				2980.82
			SALES TAX	70.67
			ESTIMATED TOTAL	2568.31

Rawin 3737

NO company rep

AUTHORIZATION Jim Oke

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