



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229794
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: _____



1229794

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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DATE: 9-30-14
 NAME: Ferrel
 LEASE OPERATOR:
 WELL: G-2
 API: 15-059-26816
 SEC: 18 TWP: 15 RNG:
 COUNTY: Franklin
 DRILLERS NAME: W/aylor Johns
 RIG #: 2



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT _____ LENGTH 20' SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5/8" LENGTH ^{to} 672.55 SIZE 2 7/8 Used BAFFLE N/A
 TD 691 CORED No Core

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	1	0	1	Shale	116	342	458
Rock/Clay	5	1	6	Grey Sand No Oil Show	4	458	462
Lime	10	6	16	Shale	29	462	491
Shale	29	16	45	Lime "Soft"	6	491	497
Shale Very Broken Sand No Oil Show	5	45	50	Shale	8	497	505
Shale	6	50	56	Lime	13	505	518
Lime	38	56	94	Shale	51	518	569
Shale	56	94	151	Lime	9	569	578
Lime	1	151	152	Shale	11	578	589
Shale	1	152	153	Lime	3	589	592
Lime	17	153	170	Shale	11	592	603
Shale	2	170	172	Lime	2	603	605
Lime	4	172	176	Shale	2	605	607
Shale	20	176	196	Lime	9	607	616
Lime	2	196	198	Shale	8	616	624
Shale	3	198	201	Coal	1	624	625
Red Bed	12	201	213	Shale	2	625	627
Shale	30	213	243	Lime	2	627	629
Lime	14	243	257	Shale	2	629	631
Shale	10	257	267	Lime	1	631	632
Lime	12	267	279	Shale	1	632	633
Shale	2	279	281	Lime	3	633	636
Lime	15	281	296	Shale	5	636	641
Shale	1	296	297	Very Broken Sand Small No Bleed	2	641	643
Coal	2	297	299	40% Oil Sand Good Bleed	1	643	644
Shale	3	299	302	60% Oil Sand Heavy Bleed	1	644	645
Lime	5	302	307	Solid Oil Sand Heavy Bleed	5	645	650
Shale	2	307	309	80% Oil Sand Good Bleed	1	650	651
Lime	16	309	325	80% Oil Sand Good Bleed	1	651	652
Shale	5	325	330	40% Oil Sand Light Bleed	1	652	653
Lime	12	330	342	Shale	38	653	691



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

271508

TICKET NUMBER 48285
LOCATION Ottawa
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.30.14	3132	Ferroll 6-2	NW 18	19	21	FR
CUSTOMER Guinette Company			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1526 S Willow			730	Alan Mad	Safety	Mad
CITY STATE ZIP CODE Ottawa KS 66067			368	Mik Hoo		
			503	Tre Hor		

JOB TYPE long string HOLE SIZE _____ HOLE DEPTH 687 CASING SIZE & WEIGHT _____
CASING DEPTH 677 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT (583) SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held meeting. Est. established rate. Mixed & pumped 100 gal followed by 80 sk 50150 cement plus 20% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Plug landed early. Well held 1500 PSI. Released pressure. Ran wire line. Discovered casing was only 583.

Wash, Weylan Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	—	MILEAGE	368	—
5402	584	casing footage	368	—
5407	2.0 min	ton miles	503	184.00
1124	80	50150 cement	920.00	
1118B	23.4	gel	21.48	
		Material sub	971.48	
		less 30% -	291.44	
		material total		680.04
4402	1	2 1/2 plug		29.50
		completed		2346.55
		SALES TAX		54.28
		ESTIMATED TOTAL		2032.82

Revin 3737

AUTHORIZATION TPNA 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.