



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229891
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: _____



1229891

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
9/19/2014	1659

Bill To	
Gus Jones Cable Tool Service LLC 149 Road 25 Elk City, KS 67344	
Customer ID#	1075

Job Date	9/18/2014
Lease Information	
Vestel #19	
County	Elk
Foreman	RL

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C102	Cement Pump-Longstring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	0	3.95	0.00
C201	Thick Set Cement	80	19.50	1,560.00T
C207	KolSeal	400	0.45	180.00T
C208	Pheno Seal	80	1.25	100.00T
C206	Gel Bentonite	300	0.20	60.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
C113	80 Bbl Vac Truck	3	85.00	255.00
C224	City Water	1,500	0.01	15.00T
C700	4 1/2" Flapper Valve Insert	1	102.00	102.00T
C403	4 1/2" Top Rubber Plug	1	45.00	45.00T

We appreciate your business!

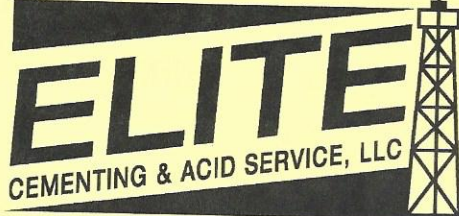
Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$3,712.00
Sales Tax (7.15%)	\$147.43
Total	\$3,859.43
Payments/Credits	\$0.00
Balance Due	\$3,859.43

5745.91

9605.34

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **1659**
 Foreman Rick Ladford
 Camp Eureka KS

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
9/18/14	1075	Vestal # 19					EIK	KS
Customer			Safety Meeting PL AC CB AF	Unit #	Driver	Unit #	Driver	
Mailing Address				104	Alan M.			
City				113	Chris B.			
State				145	Alan G.			
City		State	Zip Code					
EIK City		KS	67344					

Job Type 2/3 Hole Depth 761' Slurry Vol. 26 bbl Tubing _____
 Casing Depth 750' Hole Size 6 3/4" Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 4 1/2" 11.60# Cement Left in Casing 0' Water Gal/SK 90 Other _____
 Displacement 11.6 Bbl Displacement PSI 250 Bump Plug to 750 BPM _____

Remarks: Safety meeting - Rig up to 4 1/2" casing. Circulation w/ 15 bbl water. Pump 6 sks gel-flush, 5 bbl water spacer. Mixed 80 sks thickset cement w/ 5" Kalsol/sk + 1" phoscol/sk @ 13.7#/gal. Washout pump + lines, release plug. Displace w/ 11.6 Bbl fresh water. Final pump pressure 250 PSI. Bump plug to 750 PSI release pressure, float + plug held. Good cement returns to surface - 3 Bbl slurry to pit. Job complete Rig down.

THANK YOU

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge		
C107	1	Mileage 2nd well of 2	1050.00	1050.00
			n/c	n/c
C201	80 sks	thickset cement	19.50	1560.00
C207	400#	5" Kalsol/sk	.45	180.00
C208	70#	1" phoscol/sk	1.25	100.00
C206	300#	gel-flush	.20	60.00
C108A	4.4	tan mileage bulk tar	m/c	345.00
C113	3 hrs	80 bbl vac. tar	85.00	255.00
C224	1500 gals	city water	10.00/1000	15.00
C200	1	4 1/2" flopper valve insert	102.00	102.00
C403	1	4 1/2" top lbbe plug	45.00	45.00
			Subtotal	3712.00
			Sales Tax	147.43
Authorization <u>Witnessed by Gus Jones</u> Title <u>Owner</u>			Total	3859.43

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.