



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229988
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: _____



1229988

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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Form	ACO1 - Well Completion
Operator	Sonoma Resources LLC
Well Name	Mader 1
Doc ID	1229988

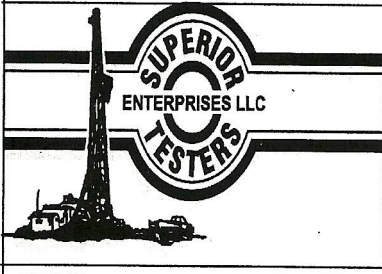
All Electric Logs Run

Geological
Composite
Compensated Neutron
Borehole Compensated Sonic Log
Phased Induction

Form	ACO1 - Well Completion
Operator	Sonoma Resources LLC
Well Name	Mader 1
Doc ID	1229988

Tops

Name	Top	Datum
Cherokee	1038	+28
Ardmore	1110	-44
Mississippi	1391	-325
Kinderhook	1723	-657
Viola	1768	-702
Simpson	1778	-712
Arbuckle	1790	-724
Total Depth	1872	-806



DRILL STEM TEST REPORT

Sonoma Resources LLC.
 P.O. Box 384
 El Dorado Ks, 67042-0384
 ATTN: Bill Stout

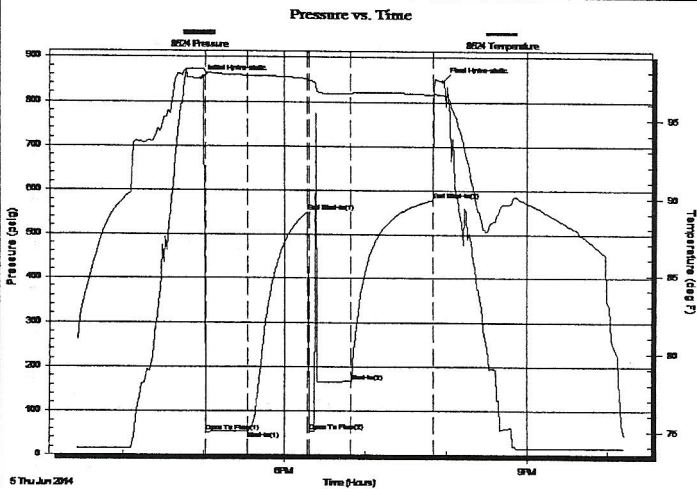
26/21s/16e/Coffey
Mader #1
 Job Ticket: 18582 DST#: 1
 Test Start: 2014.06.05 @ 15:25:00

GENERAL INFORMATION:

Formation: **Viola**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 17:01:30
 Time Test Ended: 22:13:00
 Interval: **1721.00 ft (KB) To 1773.00 ft (KB) (TVD)**
 Total Depth: 1773.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Shane Konzern
 Unit No: 3330/384/Great Bend
 Reference Elevations: 1073.00 ft (KB)
 1065.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8524 Inside
 Press@RunDepth: 166.47 psig @ 1768.89 ft (KB) Capacity: 5000.00 psig
 Start Date: 2014.06.05 End Date: 2014.06.05 Last Calib.: 2014.06.05
 Start Time: 15:25:00 End Time: 22:13:00 Time On Btm: 2014.06.05 @ 16:58:30
 Time Off Btm: 2014.06.05 @ 19:57:30

TEST COMMENT: 1st Open/ 30 Minutes. Weak surface b low that died at 15 minutes.
 1st Shut In/ 45 Minutes. No blow back.
 2nd Open/ 30 Minutes. No blow, fluhed tool, had good flush bubbles and gained a weak surface blow that died in 4 minutes.



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	849.17	98.22	Initial Hydro-static
3	51.73	98.01	Open To Flow (1)
35	53.31	97.79	Shut-In(1)
79	551.13	97.60	End Shut-In(1)
80	53.54	97.48	Open To Flow (2)
111	166.47	96.70	Shut-In(2)
172	579.18	96.62	End Shut-In(2)
179	846.24	96.59	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
200.00	100% mUD	0.98

Gas Rates			
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



CONSOLIDATED
Oil Well Services, LLC

268723

TICKET NUMBER 46323
LOCATION 180
FOREMAN Jeff Shell

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-031-23905-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6/2/14	7408	Mader # 1	26	21	16	Coffey																
CUSTOMER <u>Sonoma Resources</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>Jeremy M</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Mark G</td> <td></td> <td></td> </tr> <tr> <td>539</td> <td>Jeff S</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	Jeremy M			502	Mark G			539	Jeff S		
TRUCK #	DRIVER	TRUCK #					DRIVER															
603	Jeremy M																					
502	Mark G																					
539	Jeff S																					
MAILING ADDRESS <u>PO Box 384</u>																						
CITY <u>El Dorado, KS</u>	STATE <u>KS</u>	ZIP CODE <u>67042</u>																				
JOB TYPE <u>Surface B</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>238</u>	CASING SIZE & WEIGHT <u>8 5/8</u>																			
CASING DEPTH <u>238</u>	DRILL PIPE	TUBING	OTHER																			
SLURRY WEIGHT <u>14.9</u>	SLURRY VOL <u>31</u>	WATER gal/sk	CEMENT LEFT in CASING <u>20'</u>																			
DISPLACEMENT <u>13.5</u>	DISPLACEMENT PSI <u>150</u>	MIX PSI <u>50</u>	RATE <u>5.2</u>																			
REMARKS: <u>Safety Meeting, brake circ. Pumped 125 SKS Class A cement 3% calcium 2% gel 1/4 lb Poly displaced cement to surface with 13 1/2 bbls freshwater</u>																						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	870.00	870.00 ✓
5406	35	MILEAGE	4.20	147.00 ✓
11045	125 sks	Class A cement	15.70	1962.50 ✓
1102	300 lbs	Calcium Chloride	.78	234.00 ✓
1118B	250 lbs	Gel	.22	55.00 ✓
1107	50 lbs	Polyflake	2.47	123.50 ✓
5407	1	Minibulk delivery	368.00	368.00 ✓
			Subtotal	3760.00
		Minus 3% Material Discount		712.50 ✓
			Subtotal	3047.50
			<input checked="" type="checkbox"/> completed	
			SALES TAX	102.24 ✓
			ESTIMATED TOTAL	3149.74 ✓

Ravin 3737

AUTHORIZATION M Shell TITLE Tool Pusher 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



CONSOLIDATED
Oil Well Services, LLC

268735

TICKET NUMBER 46912
LOCATION El Dorado
FOREMAN Fuzzy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-14	7408	Mud #1	26	21	16	Coffey
CUSTOMER Sovoma			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			603	Jerome M		
CITY			502	Mark		
STATE						
ZIP CODE						

Went to site
S.W.

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 1870' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Gulick Day. Rigup and plug as ordered.
355SK @ 1870'
90SK @ circ from 300' to surface
15 1/2' f Topase 8 1/2" casing
255SK in AH

165SKs 60/40 490cc 2 7/8" poly stake

Thanks Fuzzy crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1085.00	1085.00
5406	35 miles	MILEAGE	4.20	147.00
5407	7.1 Tow	Tow mileage delivery (min)	1.41	368.00
1131	165SKS	60/40 pos	13.18	2174.70
1118B	568#	Bentonite	.22	124.96
1102	239#	Calcium Chloride	.78	186.42
1107	83#	Poly Stake	2.47	205.01
		subtotal		4291.09
		30% discount on materials		807.33
		subtotal		3483.76
		<input checked="" type="checkbox"/> completed		
		SALES TAX		115.85
		ESTIMATED TOTAL		3599.61

Flavin 3737

AUTHORIZATION M. D. A. TITLE Tod Puster DATE 6-6-14

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.