



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226483
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: _____

1226483

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	O'Brien Resources, LLC
Well Name	Vondracek 4 1
Doc ID	1226483

All Electric Logs Run

Density Neutron Micro
Induction
Neutron Sonic Overlay
Sonic



CONSOLIDATED
Oil Well Services, LLC

NO# 270767

TICKET NUMBER 46653

LOCATION Ogley KS

FOREMAN Miles Shaw

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	
8-29-14	5950	Vandracek 4 #1	4	19S	17W	Rush ^{KS}	
CUSTOMER <u>O'Brien</u>		Rushcraft E to rd 300 3S W.S		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				<u>456718</u>	<u>Jordan L</u>		
CITY		STATE		<u>460</u>	<u>Lance</u>		
ZIP CODE				<u>528729</u>	<u>Jason T</u>		

JOB TYPE 2 Stage HOLE SIZE 7 7/8" HOLE DEPTH 38 CASING SIZE & WEIGHT 4 1/2" 10.5#
 CASING DEPTH 3552 DRILL PIPE _____ TUBING _____ OTHER Dukat/1200'
 SLURRY WEIGHT 14.7/118 SLURRY VOL 1.42/2.3 WATER gal/sk _____ CEMENT LEFT in CASING 42.17
 DISPLACEMENT 6.16/1934 DISPLACEMENT PSI 50/400 MIX PSI 1000/1200 RATE _____

REMARKS: Safety Meeting and rig upon Manovich drilling 102 float equipment
Centralizer on subs # 8, 10, 12, 14 Turbulizers on subs 2, 3, 4, 6 Baskets Subs 2 & 6
Dukat on sub # 8 Short C3 @ 120' Run casing to bottom Circulate casing thr
Pump Mud Flush tested in with 20 bbls MCL water mix 125 sks OWC with 54
Mol Seal Shutdown Cleared pump & lines Released plug displace 40 bbls water 2 1/2 bbls
Mud with 500psi landed plug @ 100psi and hold. Draped opening dart open tail @
700psi establish circulation circulate casing 1 1/2 hrs. Pump mud flush mix 235 sks
cool 400 psi 8 gal Mol Seal Shutdown Cleared pump & lines release plug displace 1934 bbls with 400psi
plug landed @ 100psi tail shut & hold Cement did circulate 19 bbls top of
mix 30 sks Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175. ⁰⁰	3175. ⁰⁰
5406	25	MILEAGE	5.25	131.25
5407A	19.7 Tons	Ton Mileage delivery	1.75	861.87
1107	66 #	Flo Seal	2.97	196.02
1110A	875 #	Mol Seal	.56	490.00
1118B	1823 #	Bentonite gel	.27	492.21
1124	175 sks	OWC cement	23.70	4147.50
1131	2.65 sks	cool 400 psi cement	15.86	4202.90
1142A	2 gal	MCL	41.10	82.20
1144G	1000 gal	Mud flush	1. ⁰⁰	1000. ⁰⁰
4103	2	4 1/2" Baskets	275. ⁰⁰	550. ⁰⁰
4129	4	4 1/2" Centralizers	48. ⁵⁰	194. ⁰⁰
4139	4	4 1/2" Turbulizer	101. ⁰⁰	240. ⁰⁰
4251	1	4 1/2" packer shoe w	3680. ⁰⁰	3680. ⁰⁰
4276A	1	4 1/2" Dukat	4200. ⁰⁰	4200. ⁰⁰
4453	1	4 1/2" latchdown plug w	467. ⁰⁰	467. ⁰⁰
		Subtotal		24109.95
		1055 10% discount		2410.99
		Subtotal		21698.96
		SALES TAX		1103.80
		ESTIMATED TOTAL		22802.76

Ravin 3737

AUTHORIZATION [Signature] TITLE [Signature] 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.



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

O'Brien Resources LLC

4-19s-17w Rush

PO Box 6149
Shreveport, LA 71136-6149

Vondracek #4

Job Ticket: 58847

DST#: 1

ATTN: Steve Harris, Kurt Ta

Test Start: 2014.08.25 @ 01:55:15

GENERAL INFORMATION:

Formation: **LKC "B"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 04:56:40
 Time Test Ended: 09:52:09
 Interval: **3503.00 ft (KB) To 3550.00 ft (KB) (TVD)**
 Total Depth: 3550.00 ft (KB) (TVD)
 Hole Diameter: 7.85 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ray Schwager
 Unit No: 70
 Reference Elevations: 2111.00 ft (KB)
 2102.00 ft (CF)
 KB to GR/CF: 9.00 ft

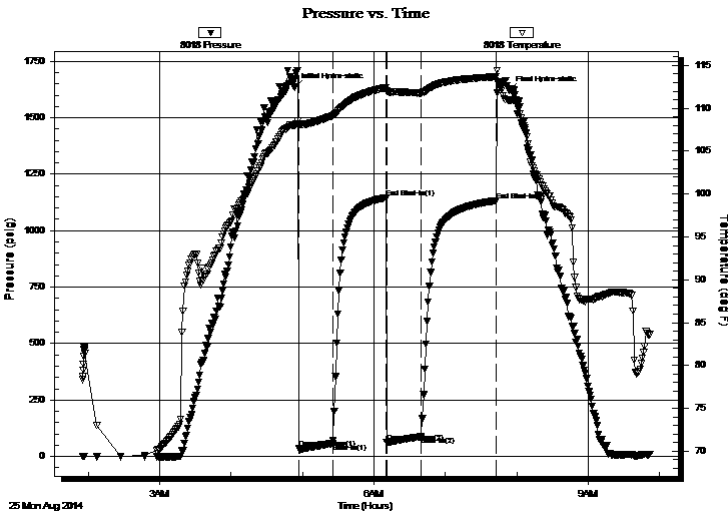
Serial #: 8018

Inside

Press@RunDepth: 87.77 psig @ 3514.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.08.25 End Date: 2014.08.25 Last Calib.: 2014.08.25
 Start Time: 01:55:15 End Time: 09:52:09 Time On Btm: 2014.08.25 @ 04:53:10
 Time Off Btm: 2014.08.25 @ 07:53:40

TEST COMMENT: 30-IFP-strg bl thru-out
 45-ISIP-vy w k surface bl bk
 30-FFP-strg bl in 1 min
 45-FSIP-1 1/2"bl bk

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1634.18	108.01	Initial Hydro-static
4	37.50	108.13	Open To Flow (1)
32	58.02	109.13	Shut-In(1)
77	1143.60	112.42	End Shut-In(1)
78	63.91	112.03	Open To Flow (2)
107	87.77	111.79	Shut-In(2)
170	1132.87	113.69	End Shut-In(2)
181	1619.47	110.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	1270'GIP	0.00
30.00	GCM 10%G90%M w /show of oil	0.42
120.00	MW 20%M80%W	1.68

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources LLC

4-19s-17w Rush

PO Box 6149
Shreveport, LA 71136-6149

Vondracek #4

Job Ticket: 58847

DST#: 1

ATTN: Steve Harris, Kurt Ta

Test Start: 2014.08.25 @ 01:55:15

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 60.00 sec/qt
Water Loss: 8.73 in³
Resistivity: ohm.m
Salinity: 6200.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: 75000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	1270'GIP	0.000
30.00	GCM 10%G90%M w /show of oil	0.421
120.00	MW 20%M80%W	1.683

Total Length: 150.00 ft Total Volume: 2.104 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW .11 @ 65F

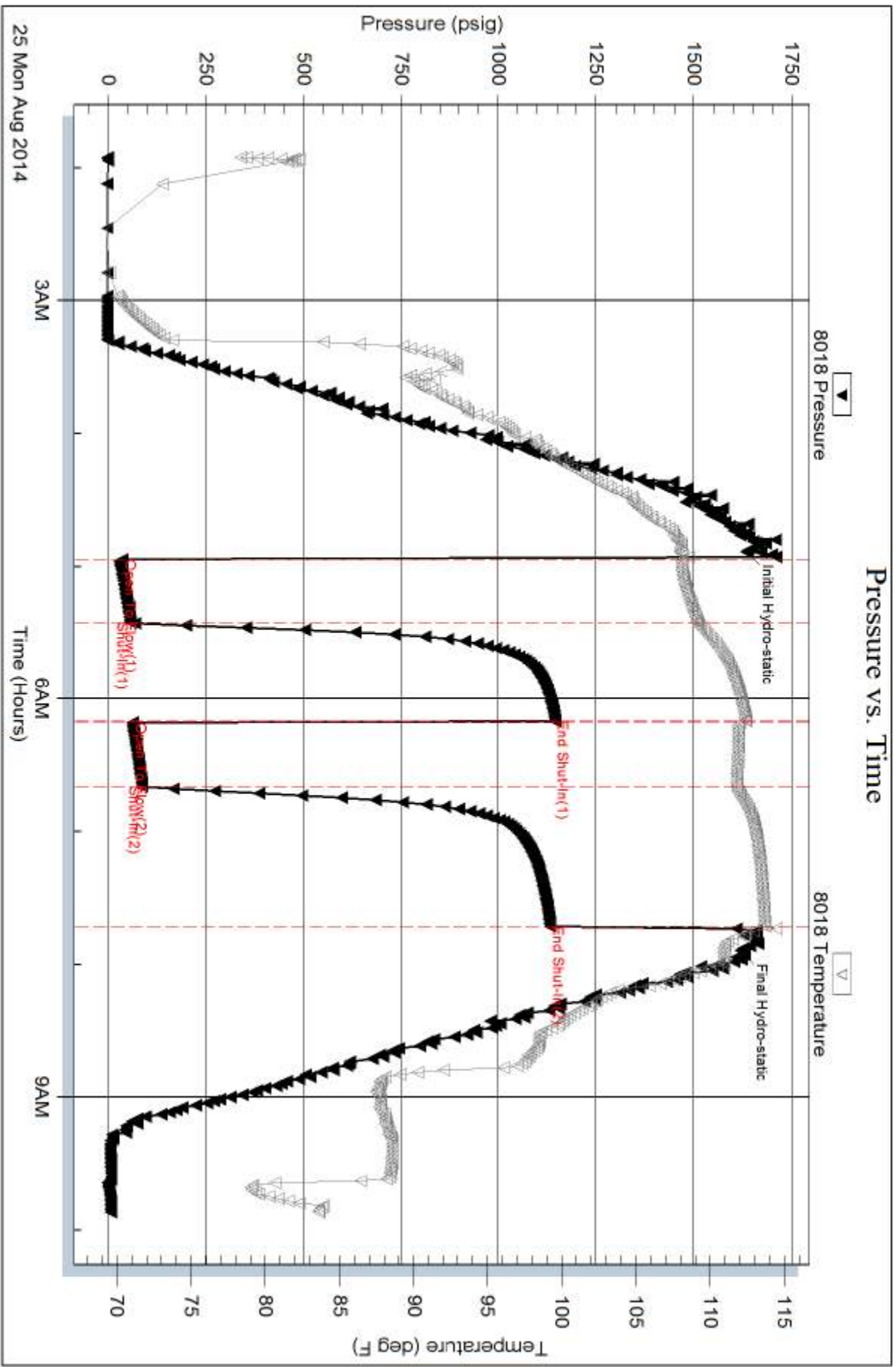
Serial #: 8018

Inside

O'Brien Resources LLC

Vondracek #4

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 58847

Printed: 2014.08.25 @ 11:24:05



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

O'Brien Resources LLC

4-19s-17w Rush

PO Box 6149
Shreveport, LA 71136-6149

Vondracek #4

Job Ticket: 58848

DST#: 2

ATTN: Steve Harris, Kurt Ta

Test Start: 2014.08.26 @ 17:40:55

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:45:00

Time Test Ended: 22:47:19

Test Type: Conventional Bottom Hole (Reset)

Tester: Ray Schwager

Unit No: 70

Interval: 3823.00 ft (KB) To 3856.00 ft (KB) (TVD)

Reference Elevations: 2111.00 ft (KB)

Total Depth: 3856.00 ft (KB) (TVD)

2102.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

Serial #: 8018 Inside

Press@RunDepth: psig @ 3829.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.08.26

End Date:

2014.08.26

Last Calib.:

2014.08.26

Start Time: 17:40:55

End Time:

22:47:19

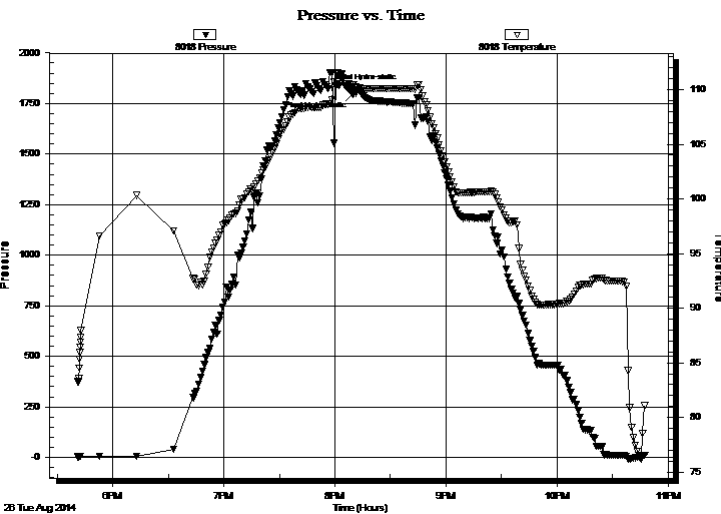
Time On Btm:

2014.08.26 @ 19:56:20

Time Off Btm:

2014.08.26 @ 20:09:50

TEST COMMENT: no packer seat , set twice , did not hold



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1823.83	108.67	Initial Hydro-static
14	1797.22	110.47	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
220.00	mud	3.09

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources LLC

4-19s-17w Rush

PO Box 6149
Shreveport, LA 71136-6149

Vondracek #4

Job Ticket: 58848

DST#: 2

ATTN: Steve Harris, Kurt Ta

Test Start: 2014.08.26 @ 17:40:55

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 51.00 sec/qt

Water Loss: 12.37 in³

Resistivity: ohm.m

Salinity: 8000.00 ppm

Filter Cake: 1.00 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
220.00	mud	3.086

Total Length: 220.00 ft Total Volume: 3.086 bbl

Num Fluid Samples: 0

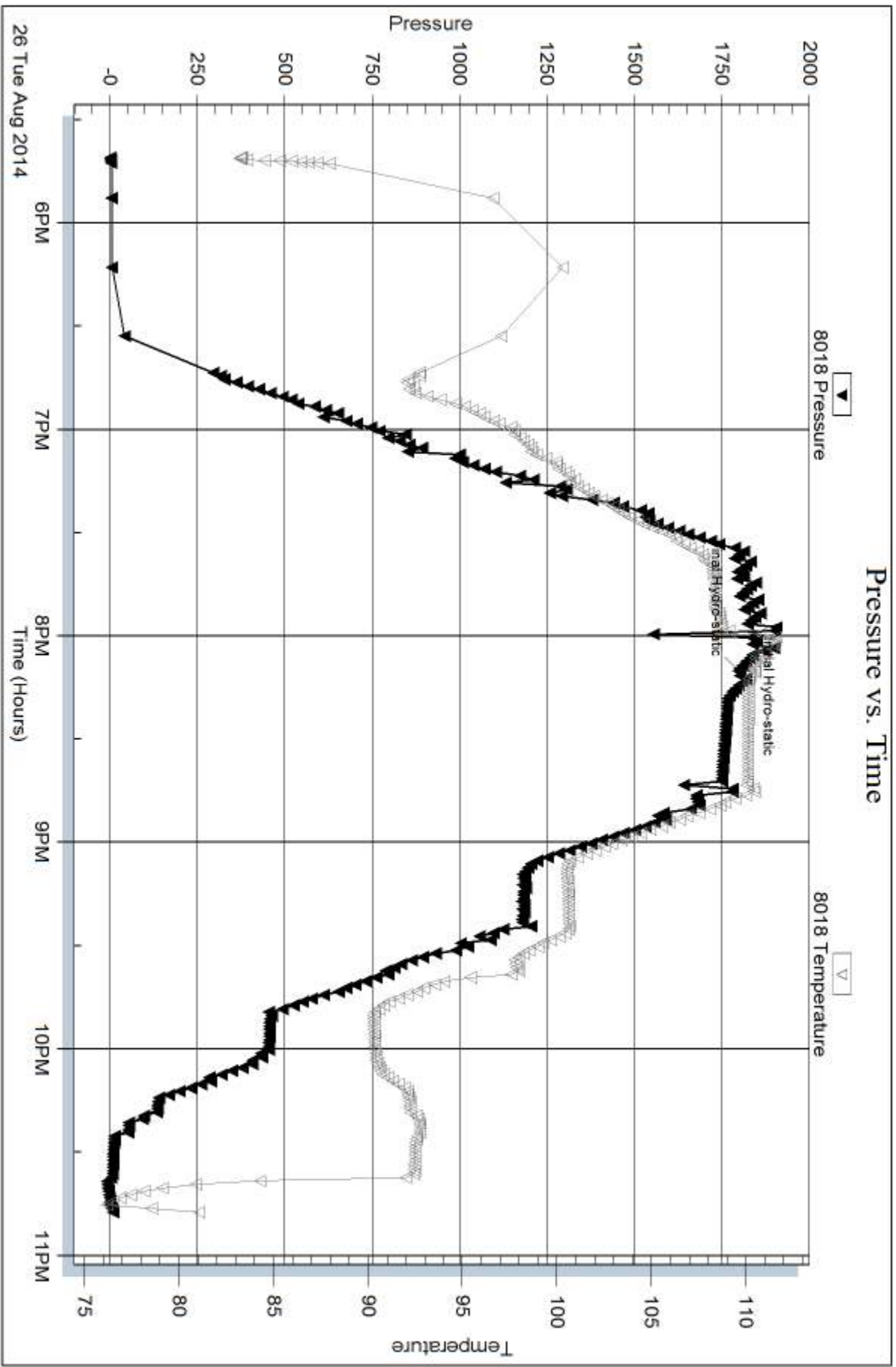
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

O'Brien Resources LLC

4-19s-17w Rush

PO Box 6149
Shreveport, LA 71136-6149

Vondracek #4

Job Ticket: 58849

DST#: 3

ATTN: Steve Harris, Kurt Ta

Test Start: 2014.08.27 @ 03:30:26

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:57:51

Time Test Ended: 10:31:20

Test Type: Conventional Bottom Hole (Reset)

Tester: Ray Schwager

Unit No: 70

Interval: 3750.00 ft (KB) To 3856.00 ft (KB) (TVD)

Reference Elevations: 2111.00 ft (KB)

Total Depth: 3856.00 ft (KB) (TVD)

2102.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

Serial #: 8018 Inside

Press@RunDepth: 36.45 psig @ 3759.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.08.27 End Date: 2014.08.27

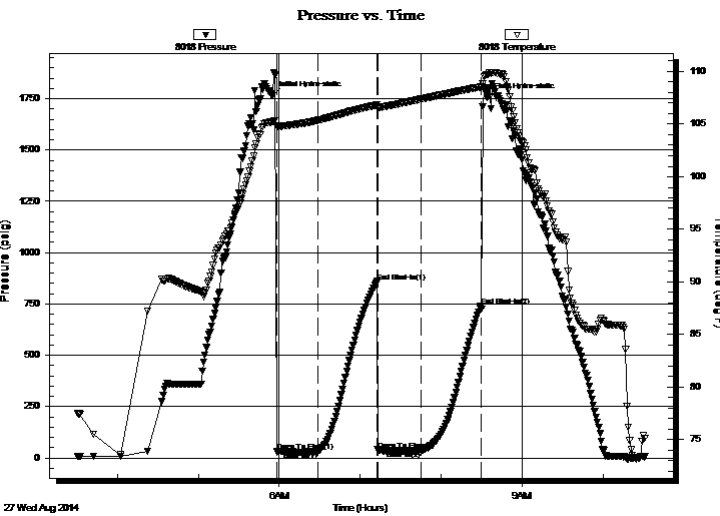
Last Calib.: 2014.08.27

Start Time: 03:30:26 End Time: 10:31:20

Time On Btm: 2014.08.27 @ 05:54:51

Time Off Btm: 2014.08.27 @ 08:34:20

TEST COMMENT: 30-IFP-w k bl thru-out 1"bl
45-ISIP-no bl bl
30-FFP-w k bl thru-out , surface to 1/8"bl
45-FSIP-no bl



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1764.84	105.22	Initial Hydro-static
3	33.42	104.84	Open To Flow (1)
34	33.08	105.37	Shut-In(1)
78	859.44	106.82	End Shut-In(1)
79	37.73	106.60	Open To Flow (2)
110	36.45	107.37	Shut-In(2)
155	738.06	108.54	End Shut-In(2)
160	1754.58	109.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	CO	0.01
35.00	OCM 10%O90%M	0.49

* Recovery from multiple tests

Gas Rates

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



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DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources LLC

4-19s-17w Rush

PO Box 6149
Shreveport, LA 71136-6149

Vondracek #4

Job Ticket: 58849

DST#: 3

ATTN: Steve Harris, Kurt Ta

Test Start: 2014.08.27 @ 03:30:26

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 51.00 sec/qt
Water Loss: 12.35 in³
Resistivity: ohm.m
Salinity: 8000.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	CO	0.014
35.00	OCM 10%O90%M	0.491

Total Length: 36.00 ft Total Volume: 0.505 bbl

Num Fluid Samples: 0

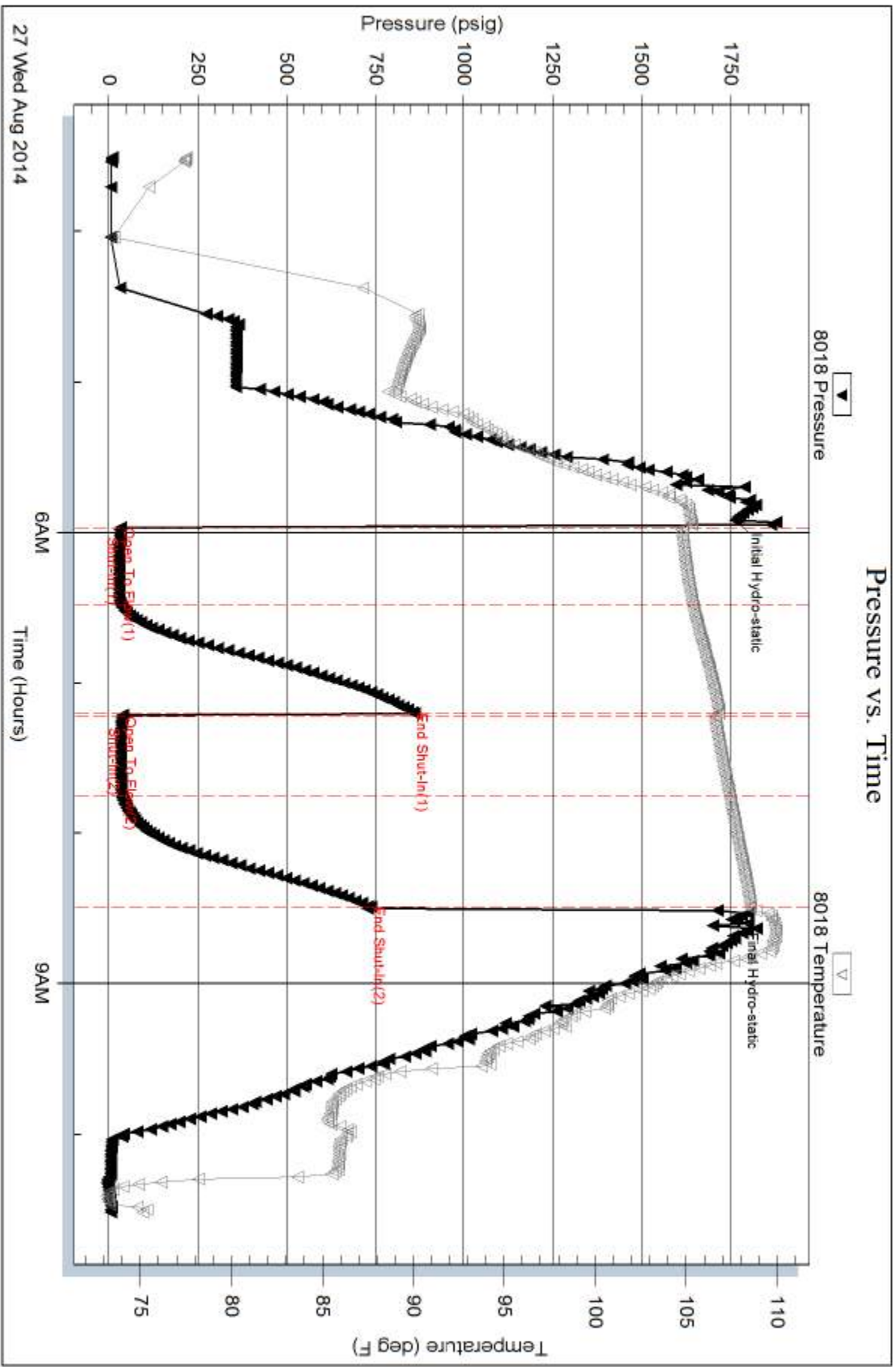
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



SIGNATURE *[Signature]*
 PRINTED NAME _____

You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

CITY _____ STATE _____ ZIP _____
 STREET _____
 CHARGE TO: *O'Brien Resources*

REMARKS:
*Don B Jones 85g casing + landing joint
 Est circulation hooked pump 2005/15
 of cement circulated cement
 of 420 swt 170t 2005/15*

#	DRIVER	
BULK TRUCK		
#	DRIVER	<i>Payton</i>
BULK TRUCK		
#	HELPER	<i>Boyd</i>
PUMP TRUCK	CEMENTER	<i>Boyd</i>
EQUIPMENT		
DISPLACEMENT		
PERFS		
CEMENT LEFT IN CSG.		
MEAS. LINE		
PRES. MAX		
TOOL		
DRILL PIPE		
TUBING SIZE		
CASING SIZE		<i>8 5/8</i>
HOLE SIZE		<i>12 1/2</i>
TYPE OF JOB		<i>Surface</i>
CONTRACTOR	<i>Maple Rig #102</i>	

DATE	<i>8-20-06</i>						
LEASH	<i>Wentworth</i>	WELL #	<i>4-1</i>	LOCATION			
OLD OR NEW	<i>(NEW)</i>						

REMIT TO 18048 170RD RUSSELL, KS 67665

DISCOUNT _____ IF PAID IN 30 DAYS
 TOTAL CHARGES _____
 SALES TAX (If Any) _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT
 TOTAL _____
 MANIFOLD _____ @ _____
 MILEAGE _____ @ _____
 EXTRA FOOTAGE _____ @ _____
 PUMP TRUCK CHARGE _____ @ _____
 DEPTH OF JOB _____ @ _____

SERVICE TOTAL _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 ASC _____ @ _____
 CHLORIDE _____ @ _____
 GEL _____ @ _____
 POZMIX _____ @ _____
 COMMON _____ @ _____
 CEMENT AMOUNT ORDERED *200SKS Com 3%cc 2%gel*
 OWNER _____

JOB FINISH	JOB START	ON LOCATION	CALLED OUT	RANGE	TWP.	SEC.	
STATE	COUNTY						

SERVICE POINT: *Russell KS*

GLOBAL CEMENTING, L.L.C.

1417