



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227670
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: _____

1227670

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> _____	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1475**
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-015-24026

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-8-14	1082	Rock Creek Ranch #3	31	29S	6E	Butler	Ks
Customer			Unit #	Driver	Unit #	Driver	
Tomco OIL INC			104	SHANNON F.			
Mailing Address			112	CHRIS M.			
22150 S.E. Cole Creek Rd			145	ALLEN G.			
City	State	Zip Code					
ATLANTA	Ks	67008					

Job Type Longstring Hole Depth 3108' KB Slurry Vol. 41 BBL Tubing _____
 Casing Depth 3096' G.L. Hole Size 7 7/8 Slurry Wt. 13.7 # Drill Pipe _____
 Casing Size & Wt. 5 1/2 17 # Cement Left in Casing 18.75' Water Gal/SK 7.0 Other _____
 Displacement 73 BBL Displacement PSI 700 Bump Plug to 1200 PSI BPM _____

Remarks: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ 15 BBL fresh water. Mixed 125 SKS Thick Set Cement w/ 5 # Kol-Seal /SK, 1 # PhenoSeal /SK @ 13.7 #/GAL, yield 1.85 = 41 BBL Slurry. Wash out pump & lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 73 BBL Fresh water. Final Pumping Pressure 700 PSI. Bump Plug to 1200 PSI. Wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig Down.

Centralizers #1, 2, 4, 6, 8, 10, 14, 18

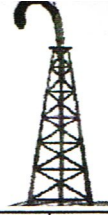
Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	25	Mileage	3.95	98.75
C 201	125 SKS	THICK SET CEMENT	19.50	2437.50
C 207	625 #	KOL-SEAL 5 #/SK	.45 #	281.25
C 208	125 #	PHENOSEAL 1 #/SK	1.25 #	156.25
C 108	6.87 TONS	TON MILEAGE	M/C	345.00
C 113	4 HRS	80 BBL VAC TRUCK	85.00	340.00
C 224	3300 GALS	CITY WATER	10.00/1000	33.00
C 691	1	5 1/2 Guide Shoe	167.00	167.00
C 703	1	5 1/2 AFU INSERT	145.00	145.00
C 421	1	5 1/2 LATCH DOWN PLUG	230.00	230.00
C 504	8	5 1/2 x 7 7/8 CENTRALIZERS	48.00	384.00
		THANK YOU		
			Sub TOTAL	5667.75
			Sales Tax	245.38
				6.4%
Authorization	Witnessed By Tom Blank	Title	Total	5913.13

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.

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

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1447**

Foreman Steve McCall

Camp Eureka

APT 15-11-24-26

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
1-30-11	1082	Rock Creek Ranch #3	31	29S	6E	Butler	Ks	
Customer <u>Tamco Oil Inc</u>			Unit #		Driver		Unit #	Driver
Mailing Address <u>22150 SFCole Creek Rd</u>			102		Chris B			
			111		CHRIS M			
City <u>Altona</u>		State <u>Ks</u>	Zip Code <u>67008</u>					

Job Type Surface Hole Depth 213 Slurry Vol. _____ Tubing _____
 Casing Depth 200 GL Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 7/8 20' Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 12 3/4 Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY MEETING - RISK TO 8" CASING - BREAK CIRCULATION W/ FRESH WATER PUMP
5 HRS. WAITING AHEAD. NEW 12 3/4 SKS CLASS A CEMENT IN 1/2 32' COIL 22' GRIT & 1/4" FINE S-01 IN 1/2
DISPLACEMENT 12 3/4 HRS. SHOWING. SHUT DOWN. COIL CURRENT RETURNS TO SURFACE. 10:15
TO 211. Job Complete Rig

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	1	Mileage	9875	9875
C200	170 SK	Class A Cement	15.00	1900.00
C205	3317	Coil 2 3/4	.60	201.00
C206	225 #	Gr 2 1/2	.20	45.00
C209	30 #	Flu-Sol 1/2" pipe	225	6750
C105-A	5.61	Fuel mileage Bulk Truck	64.00	345.00
			Subtotal	3397.25
			Sales Tax	135.26

Authorization [Signature] Title Tool Pusher Total **3532.51**

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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date:	8/25/2014
County:	Butler
API Number (14 Digits):	15-015-24026-00-00
Operator Name:	Tomco Oil, Inc.
Well Name and Number:	Rock Creek Ranch #3
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil
True Vertical Depth (TVD):	3108
Total Base Fluid Volume (gal)*:	98607 gallons

Fresh water and sand

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**

Ingredients shown above are subject to 29 CRF 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be

Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).
