



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227837
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: _____

1227837

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)*

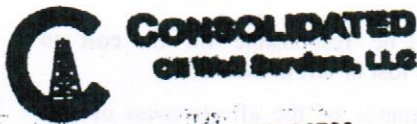
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 48630
LOCATION El Dorado
FOREMAN Fuzzy

270935

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-14	3801	Pierce #2	23	25	4	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
IGWT			446	Josh		
MAILING ADDRESS			691	Steve		
155 N. Market - Suite 500						
CITY	STATE	ZIP CODE				
Wichita	KS	67202				

JOB TYPE 2-stage - 1st HOLE SIZE 7 7/8 HOLE DEPTH 3008 CASING SIZE & WEIGHT 5 1/2:14*
 CASING DEPTH 3005 DRILL PIPE _____ TUBING _____ OTHER DU @ 1996.2*
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 12'
 DISPLACEMENT 73.05 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on EtG #2. float equip - Turbolizers #2-7-70-13-17-19
Baskets 8-12-18-25. DU tool @ 26. Rig up - Circulate 30 min. Pump
5 BBL water mix 150 gals thickset w/5* Kolseal. Wash pump and
lines. Drop plug and displace 73 3/4 BBL. 900* lift. hand plug @
1250* float held. Drop to bottom wait 10 min open Tool @ 1200* Circ
3 hrs.

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰
5406		MILEAGE	430	N/C
5407	7.1 Ton	Tow mileage Delivery (min)	141	368 ⁰⁰
1126A	150 gals	Thickset cement	2016	3024 ⁰⁰
1110A	750*	Kolseal	.46	345 ⁰⁰
4310	1	5 1/2 - rotating head	150 ⁰⁰	150 ⁰⁰
4159	1	5 1/2 - ATU float shoe	361 ⁰⁰	361 ⁰⁰
4136	6	5 1/2 - Turbolizers	7573	454 ⁵⁰
4277	1	5 1/2 - D Tool w/ latch down Assy	3381 ⁰⁰	3381 ⁰⁰
4104	4	5 1/2 - Baskets	240 ⁰⁰	960 ⁰⁰
		subtotal		10128 ⁵⁰
		30% disc. cement materials		1010 ²⁰
		subtotal		9117 ³⁰
		SALES TAX		490.55
		ESTIMATED TOTAL		9608.35

Revin 3737

AUTHORIZATION [Signature] TITLE C.O.O DATE 9/5/14

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.



CONSOLIDATED
Oil Well Services, LLC

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

270936

TICK NUMBER 48631
LOCATION GL Dorado
FOREMAN Fuzz4

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-14	3801	Pierce # 2	23	25	4	Butler
CUSTOMER IGWT			0 Niost + 30 ft 1-5 E.N			
MAILING ADDRESS 155 N. Market - Suite 500			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Wichita			446	Josh		
STATE KS			481	Steven		
ZIP CODE 67202						

JOB TYPE 2-stage 2nd HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 14*
 CASING DEPTH 1996 22 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 49.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on G+G+2. Pump 5 BBL water mix 250 SKS
60140 890 gal 7/4" Colseal w/5" Kolseal. Wash pump and lines. Drop
plug and displace 49 BBLs. 650' lift close BU Tool @ 1750'
cement did circulate approx 15 BBLs to pit.

Thanks Fuzz4 & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	500.00	500.00 ✓
5406		MILEAGE		N/C ✓
5407	10.8 Ton	Ton mileage Delivery (min)	308.00	368.00 ✓
1131	250 SKS	60140 pos	13.18	3295.00 ✓
1188	1750*	Gal	.22	385.00 ✓
110A	1250*	Kolseal	.46	575.00 ✓
1107	75*	Poly. flake	2.47	185.25 ✓
		subtotal		5308.25
		30% disc cement materials only		1322.07
		subtotal		3976.18
		SALES TAX		198.93
		ESTIMATED TOTAL		4175.11 ✓

Flavin 3737
 AUTHORIZATION [Signature] TITLE C.O.O. DATE 9/5/14

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.