



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228378
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: _____

1228378

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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LEASE NAME Neese OPERATOR Utah oil START DATE: 27 Jun 14
 WELL # SU 8 LOCATION: Rantoul API # 15-059-26726
 SURFACE PIPE: 7" Ft 20.0 Cement (#bags) 5
 PRODUCTION: PIPE: USCO SIZE: 2 7/8 = FT 668 Baffle 637
TD 691

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
11	Lime		11	12	Lime	Soft	449
23	Shale		34	1	Shale		450
4	gray Sand		38	41	Lime		454
63	Shale		101	4	Shale		458
6	Lime		107	3	Lime		461
1	Shale		108	37	Shale	Some Coal	498
7	Lime		115	8	Lime		506
1	Shale		116	11	Shale		517
2	Lime		118	3	Lime		520
12	Shale		130	2	Coal		522
1	Lime		131	4	Shale		526
2	Shale		133	9	Lime		535
1	Lime		134	2	Shale		537
14	Shale		148	6	Lime		543
3	Lime		151	3	Lime	Sandy ^{Soft} great bleed	546
35	Shale		186	2	Lime	Soft Sandy great bleed	548
12	Lime		198	1	Lime		549
2	Shale		200	5	Shale		554
4	Lime		204	4	Broken Sand	great bleed	558
10	Shale		214	2	Shale	Sand streaks	560
12	Lime		226	49	Shale		609
1	Shale		227	1	Shale	Some Sand	610
14	Lime		241	4	oil Sand	Very little bleed	614
7	Shale		248	12	Broken	Little bleed	626
3	Coal		251	20	Shale		646
19	Lime		270	4	Coal		650
4	Coal		274	4	Shale		654
12	Lime		286	2	Lime		656
41	Shale		327	4	Coal		660
2	Lime	KC Base	329	8	Shale		668
68	Shale	Some Coal	397	2	Broken	mainly Shale	670
3	Lime		400	1	oil Sand	CP	671
28	Shale	Some Red Bed	428	4	Broken		675
6	Lime		434	16	Shale	TD	691
3	Shale		437				

* 1 core 671-691 *
 3/Baffle
 Ronnie

C



269611

TICKET NUMBER 47323
 LOCATION 0+tag
 FOREMAN Alan Mader

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
7-1-14	5000	Neese SV-8	SW 29	17	21	FR.

CUSTOMER Stinger Ventures
 MAILING ADDRESS 5113 East North St
 CITY Salina STATE KS ZIP CODE 67401

TRUCK #	DRIVER	TRUCK #	DRIVER
730	AlaMad	Safety	Meet
368	Arl McD		
675	Ke: Det		
503	Tr Hor		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 691 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 668 DRILL PIPE _____ TUBING _____ OTHER 636.3
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.70 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46pm

REMARKS: held meeting, Established rate down hole. Mixed & pumped 100# gel followed by 90 sk 50/50 cement plus 2 7/8 gel & 1/2# phenoseal per sacks. Circulated cement. Flushed pump. Pumped plug to baffle @ 636.3'. Well held 800 PSI. Set float.

Utah, Kan

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080 ⁰⁰
5406	15	MILEAGE	368	63 ⁰⁰
5402	668'	casing footage	368	—
5407	m:n	ton miles	503	368 ⁰⁰
5502C	2	80 vac	675	200 ⁰⁰
1124	90	50/50 cement	1035.00	
1118B	251#	gel	55.22	
1107A	45#	Pheno seal	60.75	
		material sub	1150.97	
		Less 30%	-345.29	
		material total		805.68
4402	1	2 1/2 plug		29.50
			2986.78	
		SALES TAX		63.90
		ESTIMATED TOTAL		2615.08

Revin 3737

no company rep
 Jim Okd

AUTHORIZATION _____ TITLE _____ 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