



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228379
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: _____

1228379

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> _____
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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CONSOLIDATED
Oil Well Services, LLC

269626

TICKET NUMBER 47435
LOCATION Ottawa, Ks
FOREMAN Jim Green

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8576

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
07-02-14	5000	SU 9 Neese	SW 29	17	21	FR
CUSTOMER Stinger Ventures			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 5113 East North St			669 Jim Gre			
CITY STATE ZIP CODE Saline KS 67404			495 Har Bel			
			675 Kit Det			
			558 Bru Brs			

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Low string	5 7/8"	775	2 1/2"
CASING DEPTH	DRILL PIPE	TUBING	OTHER
759'	727.5'		
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Held crew safety meeting. Mix and pump 104" Premium gel + a flush hole. Mix and pump 104 sk 50/50 Poz mix cement with 2% Gel & 1/2" Pheno-Seal. Circulated cement to surface. Flush pump clear of cement. Pump 2 1/2" Rubber plug to total depth of casing. Pressure well up to 800 PSI. Well held good set float.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		108.50
5408	15	MILEAGE Cement Pump		63.00
5402	759'	Casing footage		NIL
5407	min	Top Mileage		368.00
5502C	2 HRS	VAC TR		200.00
1124	104 sk	50/50 Poz Mix Cement	1196.00	
1118B	275 lb	Premium Gel	60.50	
1107A	52"	Pheno-Seal	70.20	
		Sub Total	1326.70	
		Less 30%	-398.01	
			928.69	928.69
4402	1	2 1/2" Rubber Plug	3175.95	29.50
		SALES TAX		73.30
		ESTIMATED TOTAL		2471.49

Ravin 3737

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

LEASE NAME Neesc OPERATOR Utah oil START DATE: 1 Jul 14
 WELL # SU9 LOCATION: Rantoul API # 15-059-026727
 SURFACE PIPE: 7" Ft 20' Cement (#bags) 5
 PRODUCTION: PIPE: used SIZE: 2 7/8 =FT 759 Battle 227.5

TD 775

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
4	Soil		4	2	Shale		460
16	Lime	Broken	20	5	Lime		465
18	Shale		38	35	Shale		500
1	Lime		39	2	Coal		502
2	Shale		41	4	Shale		506
1	Lime		42	8	Lime		514
58	Shale		100	11	Shale		525
1	Lime		101	2	Lime		527
8	Shale		109	5	Shale		532
19	Lime		128	4	Coal		536
12	Shale		140	2	Shale		538
2	Lime		142	4	Lime		542
12	Shale		154	1	Shale		543
4	Lime		158	2	Lime		549
27	Shale		185	3	Lime		548
21	Lime		206	2	Lime	oil Show	550
3	Shale		209	4	Sandylime	great bleed/soft	554
5	Lime		214	2	Sandylime	great bleed	556
8	Shale		222	2	Shale		558
28	Lime		250	2	Shale		560
7	Shale		257	2	Broken Sand	good bleed	562
2	Coal		259	4	oil Sand	great bleed	566
21	Lime		280	2	oil Sand	great bleed	568
5	Shale		285	2	Shale		570
4	Lime		289	4	Shale		574
2	Shale		291	36	Shale		610
5	Lime	KC Base	296	4	Shale		614
108	Shale	32-34 Coal	404	1	Shale		615
1	Lime	295-302	405	3	Broken Sand	Very little bleed	618
31	Shale		436	4	Broken Sand	Very little bleed	622
2	Lime		438	5	Shale		627
9	Shale		447	3	Broken Sand	Very little bleed	630
2	Lime		449	4	Shale		634
1	Shale		450	10	Shale		644
8	Lime		458	4	Coal		648

34-36
Revised

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