



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228380
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: _____

1228380

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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LEASE NAME: Neese

OPERATOR: Utah oil

START DATE: 3 July 14

WELL #: 5V10

LOCATION: Rantoul

API #: 15-059-26728

SURFACE PIPE: 7"

Ft: 20'

(Cement #bags) 5

PRODUCTION:

PIPE: USED

SIZE: 2 7/8

=FT

751 Baffle 219.2 TD 762

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
8	Soil		8	4	Shale		260
6	Limestone		14	2	Coal		262
6	Lime		20	23	Lime		285
4	Shale		24	4	Shale		289
1	Lime		25	11	Lime	KCB	300
15	Shale		40	109	Shale		409
1	Lime		41	2	Lime		411
2	Shale		43	6	Shale		417
1	Lime		44	5	Sand	No Show	422
2	Shale		46	18	Shale		440
3	Lime		49	2	Lime		442
50	Shale		99	2	Shale		444
1	Lime		100	2	Lime		446
14	Shale		114	7	Shale		453
1	Lime		115	1	Lime		454
1	Shale		116	3	Shale		457
4	Lime		120	11	Lime		468
1	Shale		121	14	Shale	Some Sand. No Show	482
7	Lime		128	8	Shale	Broken Sand. No Show	490
1	Shale		129	21	Shale	Some Coal	511
3	Lime		132	7	Lime		518
13	Shale		145	12	Shale		530
1	Lime		146	2	Lime		532
7	Shale		153	3	coal		535
9	Lime		162	9	Shale		544
36	Shale		198	2	Lime		546
12	Lime		210	4	Shale		550
2	Shale		212	4	Lime	Last Foot had no Show	554
4	Lime		216	4	Lime/coal sand	Soft. great Bleed	558
10	Shale		226	2	Lime/coal sand	Soft. great Bleed	560
24	Lime		250	2	Shale		562
2	Shale		252	1	Shale		563
1	Lime		253	3	Broken	great Bleed	566
1	Shale		254	4	oil Sand	great Bleed	570
2	Lime		256	4	oil Sand	phenominal Bleed	574

LEASE NAME W. c. case OPERATOR _____ START DATE: _____
 WELL # SV-10 LOCATION: _____ API # _____
 SURFACE PIPE: _____ Ft Cement(#bags) _____
 PRODUCTION: _____ PIPE: _____ SIZE: _____ =FT

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
1	Broken		575				
3	Shale		578				
32	Shale		610				
4	Shale		614				
4	Shale		618				
2	Shale		620				
2	Very Broken	Very little Show	622				
4	oil Sand	Little Show	626				
4	Broken	Very little Show	630				
4	Shale		634				
4	Broken	Mainly Shale. ^{No} bleed	638				
4	Shale		642				
12	Shale		654				
2	Coal		656				
6	Lime		662				
5	Shale		667				
5	coal		672				
6	Shale		678				
4	Lime		682				
4	Shale		686				
4	Broken	CP	690				
3	oil Sand	good bleed	693				
69	Shale	Broken Sand	762				
		No Show					
		TD #					
#	1 core	690-710 #					
		31.80 Baffle					
	Ronnie						



CONSOLIDATED
Oil Well Services, LLC

269650

TICKET NUMBER 47452
LOCATION Ottawa
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
7-8-14	5000	Neesc SV10	SW 29	17	21	FR
CUSTOMER Stinger Ventures			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 5113 East North St.			730	Alamad	Safety	Meat
CITY STATE ZIP CODE Salina KS 67401			368	Alamad		
			369	Mik Itan		
			510	Dus Web		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 762 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 751 DRILL PIPE _____ TUBING _____ OTHER 719.2 bpf
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.18 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 100 sk 50150 cement plus 2% gel and 1/2# pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PST. Set float. Closed valve.

Hessie, Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	368	63.00
5402	751	casing footage	368	—
5407	1/2 min	ten miles	510	184.00
55026	1 1/2	80 var	369	150.00
1124	100	50150 cement	11.50.00	
1118B	272	gel	59.84	
1107A	50	pheno seal	67.50	
		material sub	1277.34	
		less 30%	-383.20	
		material total		894.14
4402	1	2 1/2 plug		29.50
			2888.81	
		SALES TAX		70.67
		ESTIMATED TOTAL		2476.31

Ravin 3737

NO company rep
Jim Okid

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 for