



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228384
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: _____

1228384

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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CONSOLIDATED
Oil Well Services, LLC

269652

TICKET NUMBER 47453
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	Neesa SV-13	SW 29	17	21	FR

CUSTOMER <u>Stinger Ventures</u>		
MAILING ADDRESS <u>5113 E. North St.</u>		
CITY <u>Salina</u>	STATE <u>KS</u>	ZIP CODE <u>67401</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alamad	Safety	Maet
368	Art McD		
369	Mik Hgg		
510	Dus Web		

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>706</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>691.75</u>	DRILL PIPE	TUBING	OTHER <u>of 660.3</u>
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>3.84</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>800</u>	RATE <u>4 bpm</u>

REMARKS: Held meeting. Estblished rate. Mixed + pumped 100# gel followed by 95 sk 50150 cement plus 270 gel + 1/2# Phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. closed valve.

Waylan, Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 ⁰⁰
5406	—	MILEAGE	768	—
5402	691.75	casing footage	368	—
5407	1/2 min	ton miles	510	184 ⁰⁰
5502C	1 1/2	80 VAC	369	150 ⁰⁰
1124	95	50150 cement	1092.50	
1118B	260#	gel	57.20	
1107A	48#	Phenoseal	64.80	
		material sub	1244.50	
		less 30%	- 364.35	
4402	1	2 1/2 plug	material total	850.15
				29.50
			2758.17	
			SALES TAX	67.31
			ESTIMATED TOTAL	2365.96

Ravin 3737

NO company rep

AUTHORIZATION

Jim DKQ

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

LEASE NAME: Neese OPERATOR: Utah Oil START DATE: 7-4-14
 WELL = SV-13 LOCATION: Franklin API: 15-059-26738
 SURFACE PIPE: 7" Ft 20.10' Cement: (bags) 6
 PRODUCTION: used PIPE: 2 7/8" SIZE: 6.91.75" = FT **Baffle 460.3**

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
17	Soil/Clay	Some River Gravel	17	2	Lime		382
35	Shale		52	11	White Sand		393
1	Lime		53	10	Lime		403
1	Shale		54	2	Shale		405
15	Lime		69	5	Lime		410
11	Shale		80	10	Shale		420
5	Sand	No Oil Show	85	2	Sand	No Oil Show	422
1	Lime		86	3	Shale	Broken Sand No Show	425
6	Shale		92	2.9	Shale		454
2	Lime		94	3	Shale	Some Lime	457
4	Shale		98	5	Lime		462
4	Lime		102	11	Shale		473
35	Shale		137	2	Lime	Some Coal	475
12	Lime		149	19	Shale		494
2	Shale		151	4	Lime		498
4	Lime		155	3	Lime	Soft Heavy Bleed	501
10	Shale		165	2	Lime	Sandy Soft Heavy Bleed	503
24	Lime		189	2	Lime	Sandy Soft Good Bleed	505
1	Shale		190	2	Lime	Hard No Oil Show	507
3	Lime		193	5	Shale		512
2	Shale		195	1	Shale	Broken Sand Small No Bleed	513
2	Coal		197	5.6	Shale		519
3	Shale		200	3	Shale	Broken Sand No Oil Show	572
5	Lime		205	9	Shale		581
1	Shale		206	3	Shale	Broken Sand Small No Bleed	584
16	Lime		222	13	Shale	Broken Sand No Small	597
5	Coal		227	9	Shale		606
5	Lime		232	2	Coal		608
2	Shale		234	7	Shale		615
6	Lime		240	3	Shale	Some Lime	618
3	Shale		243	2	Coal		620
1	Lime	KC	244	1	Lime		621
17	Shale		261	3	Shale		624
12	Grey Sand	No Oil Show	273	5	Shale	Broken Sand No Oil Show	629
107	Shale		380	4	Broken Shale	Broken Sand Small No Bleed	633

