



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229791
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: _____

1229791

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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DATE: 9-25-14
 DATE: 9-26-14
 LEASE OPERATOR: Ferrel
 WELL: 6-1
 API: 15-099-26815
 SEC: TWP: RNG:
 COUNTY: Franklin
 DRILLERS NAME: Waylon Johns
 RIG #: 2



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT _____ LENGTH 20' SIZE 7" CEMENT 5 bags
 DRILL BIT SIZE 5/8" LENGTH 68120 SIZE 2 7/8 Used BAFFLE N/A
 TD 691 CORED 647-667 Lost 14' of Core

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	1	0	1	Shale	8	377	381
Rock/clay	8	1	9	Grey Sand No Oil Show	3	381	384
Lime	14	9	23	Shale	127	384	511
Shale	40	23	63	Lime	15	511	526
Lime	34	63	97	Shale	11	526	537
Shale	63	97	160	Lime	2	537	539
Lime	2	160	162	Shale	1	539	540
Shale	1	162	163	Shale Broken Grey Sand No Oil Show	9	540	549
Lime	17	163	180	Shale Some Coal	26	549	575
Shale	1	180	181	Lime	11	575	586
Lime	2	181	183	Shale	10	586	596
Shale	15	183	198	Lime	3	596	599
Lime	4	198	202	Shale	11	599	610
Shale	1	202	203	Lime	2	610	612
Lime	3	203	206	Shale	2	612	614
Shale	43	206	249	Lime	6	614	620
Lime	16	249	265	Shale	12	620	632
Shale	9	265	274	Lime	2	632	634
Lime	12	274	286	Coal	1	634	635
Shale	1	286	287	Lime	6	635	641
Lime	14	287	301	Shale Broken Sand No Oil Show	3	641	644
Shale	1	301	302	50% Broken Sand Small No Bleed	2	644	646
Lime	1	302	303	50% Oil Sand Light Bleed CP	1	646	647
Shale	8	303	311	Shale	.25	647	647.25
Lime	21	311	332	Solid Oil Sand Good Bleed	.25	647.25	648
Coal	5	332	337	50% Oil Sand / Lime Good Bleed	.5	648	648.5
Lime	3	337	340	Solid Oil Sand Good Bleed	.75	648.5	649.25
Shale	2	340	342	50% Oil Sand / shale Good Bleed	.75	649.25	650
Lime KC	7	342	349	Solid Oil Sand Good Bleed	.75	650	650.75
Shale	20	349	369	60% Oil Sand / shale Good Bleed	.75	650.75	651.5
Shale Broken Grey Sand No Oil Show	4	369	373	Solid Sand Good Bleed Lost Core	1.5	651.5	653



CONSOLIDATED
Oil Well Services, LLC

271494

TICKET NUMBER 48252
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
9-26-14	3132	Ferrel G-1	NE 18	18	22	FR
CUSTOMER Gulnotte Company LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1526 SW Willow			730 Alan Mader Safety Meet			
CITY STATE ZIP CODE Ottawa KS 66607			368 Mike Hagg			
			Utah Water			
			548 Dan Waha			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 691 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 681.10 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 3.96 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: held meeting. Established rate. Mixed & pumped 100% gel followed by 93 sk 50150 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

Utah, Waylon

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	6300
5402	681.10	casing footage	368	
5407	min	ten miles		368.00
1124	93	50150 cement	106.90	
118B	256	gel	56.32	
		material sub	1125.82	
		has 30% -	337.25	
		material total		788.07
4402	1	2 1/2 plug		29.50
			2759.70	
			SALES TAX	62.59
			ESTIMATED TOTAL	23,960.12

Form 3737

AUTHORIZATION *P. P. Ash* 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.