



1231172

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Richardson #V-11
API # 15-121-30098-00-00
SPUD DATE 05-02-14

Footage	Formation	Thickness	Set 20' of 8 5/8" TD 585' Ran 580' of 4 1/2 on 05-05-14
2	topsoil	2	
9	clay	7	
24	lime	15	
35	shale	11	
38	lime	3	
47	shale	9	
56	lime	9	
97	shale	41	
111	lime	14	
119	shale	8	
147	lime	28	
159	shale	12	
178	lime	19	
183	shale	5	
195	lime	12	
361	shale	166	
365	lime	4	
489	shale	124	
492	oil sand	3	slight odor, little bleed
498	shale	6	
502	oil sand	4	good odor, good bleed
585	shale	83	



CONSOLIDATED
Oil Well Services, LLC

267981

TICKET NUMBER 47107
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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
5/5/14	8553	Richardson # V-11	SE 23	18	21	MI

CUSTOMER
West Petroleum of Kansas LLC

MAILING ADDRESS
10937 N. Alpine Hwy Suite 510

CITY
Highland

STATE
UT

ZIP CODE
84003

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Carlen	✓	Safety Meeting
666	Garbo	✓	
558	MatCoc	✓	
675	KeiDot	✓	

JOB TYPE long string HOLE SIZE 10 3/4" HOLE DEPTH 585' CASING SIZE & WEIGHT 4 1/2"

CASING DEPTH 580' DRILL PIPE running baffle - 548' OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'

DISPLACEMENT 8.74 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 300 # 50/50 Pozmix cement w/ 2% gel, 2% Calcium Chloride + pumped 107 sks 50/50 Pozmix cement w/ 2% gel, 2% Calcium Chloride + 1/4 # Floseal per sk, dye marker to surface, pushed pump clean, pumped 4 1/2" rubber plug to baffle w/ 8.74 bbls fresh water, cement to surface, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	20 mi	MILEAGE		1085.00 ✓
5402	580'	casing footage		84.00 ✓
5407	minimum	ten mileage		
5502C	2 hrs	80 Vac		368.00 ✓
				200.00 ✓
1124	107 sks	50/50 Pozmix cement	1230.50	
1118B	380 #	Premium Gel	83.60	
1102	180 #	Calcium Chloride	140.40	
1107	27 #	Floseal	66.69	
		materials - 30%	1521.19	
		subtotal	456.36	
4404	1	4 1/2" rubber plug		1064.83 ✓
				47.25 ✓
				3425.40
		7.65%	SALES TAX	85.09 ✓
			ESTIMATED TOTAL	2934.15 ✓

Ravin 3737

AUTHORIZATION

[Handwritten signature]

TITLE

[Handwritten signature]

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

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

November 07, 2014

Shawn Smart
Vast Petroleum Corporation
10939 N. ALPINE HWY, #510
HIGHLAND, UT WIN

Re: ACO-1
API 15-121-30098-00-00
Richardson V11
SE/4 Sec.23-18S-21E
Miami County, Kansas

Dear Shawn Smart:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/2/2014 and the ACO-1 was received on November 07, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department