



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231545
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: _____



1231545

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)*

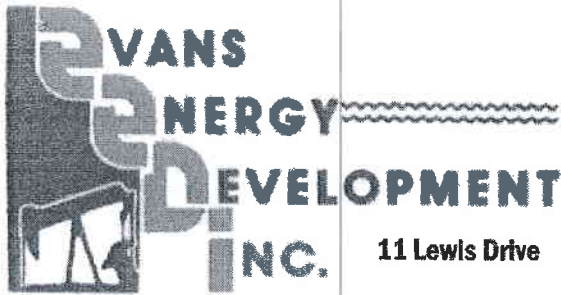
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive Paola, KS 66071

**Phone: 913-557-9083
Fax: 913-557-9084**

WELL LOG

A & L Energy Operations, LLC
Neis #N1
API #15-045-22,216
June 30 - July 1, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
18	soil & clay	18
2	shale	20
20	lime	40
11	shale	51
7	lime	58
11	shale	69
17	lime	86
38	shale	124
13	lime	137
12	shale	149
2	lime	151
32	shale	183
9	lime	192
17	shale	209
12	lime	221
3	shale	224
2	lime	226
17	shale	243
7	lime	250
22	shale	272
15	lime	287
3	shale	290
32	lime	322
8	shale	330
21	lime	351
5	shale	356
5	lime	361
6	shale	367
4	lime	371 base of the Kansas City
169	shale	540
4	lime	544
17	shale	561
7	lime	568
12	shale	580
4	lime	584
6	shale	590
6	limey sand	596 grey hard limey sand, no show
9	lime	605 soft
5	shale	610

10	red bed	620
15	shale	635
1	lime	636
2	silty shale	638
0.5	oil sand	638.5 brown good bleeding gassy
1	lime	639.5
1	oil sand	640.5 brown good bleeding gassy
0.5	broken sand	641 40% brown sand 60% shale ok bleeding
1	oil sand	642 brown good bleeding gassy
1	broken sand	643 15% sand 85% shale light bleeding
1	oil sand	644 brown good bleeding
4	broken sand	648 90% brown sand 10% shale good bleeding
3	broken sand	651 30% sand 70% shale ok bleeding
66	shale	717 TD

Drilled a 9 7/8" hole to 44.9'

Drilled a 5 5/8" hole to 717'

Set 44.9' of 7" threaded and coupled surface casing cemented with 9 sacks of cement.

Set 701.55' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
638	1	38
639	1	57
640		48
641		37
642		33
643		33
644		40
645		42
646		36
647		43
648		34
649		34
650		42
651		37
652		38
653		43
654		47
655		51
656		45
657		28



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

269614

TICKET NUMBER 47359
LOCATION Chanute, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/1/14	3898	Nelis # N-1	SW 32	13	21	DB

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
A+L Energy	729	Casey	✓	Safety, Medding
Mailing Address	495	Har Bec	✓	
575 Madison Ave	548	Dan Wha	✓	
CITY	370	Mat Cox	✓	
New York				
STATE				
NY				
ZIP CODE				
10022				

JOB TYPE Longstring HOLE SIZE 5 7/8" HOLE DEPTH 717' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 702' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.06 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium
Gel followed by 10 bbls fresh water, mixed & pumped 89 sks OWC cement w/
200# Premium 1/4" Floeal per sk, cement to surface, flushed pump clean,
pumped 2 1/2" rubber plug to casing TD w/ 4.06 bbls fresh water, pressured
to 1800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	30 mi	MILEAGE		126.00
5402	702'	casing footage		
5407	minimum	ten mileage		368.00
5502C	2 hrs	80 Vac		200.00
1126	89 sks	owc cement	1757.75	
1118B	200 #	Premium Gel	44.00	
1107	22 #	Floeal	54.34	
		materials	1856.09	
		- 30%	556.83	
		subtotal		1299.26
4402	1	2 1/2" rubber plug		29.50
			3799.41	
		7.15%	SALES TAX	95.02
			ESTIMATED TOTAL	3202.78

Revin 3737

AUTHORIZATION No Co Prop on location 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