



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231359
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: _____

1231359

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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SPUD DATE: 9-16-14
 FINISH DATE:
 LEASE: Neese
 LEASE OPERATOR: Utah Oil
 WELL: SVZ-1
 API: 15-059-26812
 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 7/8 LENGTH 756.70 SIZE 2 7/8 Used BAFFLE 31.50
 TD 771 CORED 686-706

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	3	0	3	Lime	7	435	442
Rock / Clay	5	3	8	Shale Some Broken Grey Sand	5	442	447
Lime	5	8	13	Lime	18	447	465
Shale	25	13	38	Shale "Some Coal"	43	465	508
Gray Sand	7	38	45	Lime	7	508	515
Shale	2	45	47	Shale	11	515	526
Gray Sand	2	47	49	Lime	2	526	528
Shale	61	49	110	Coal	2	528	530
Lime	2	110	112	Shale	11	530	541
Shale	1	112	113	Lime	2	541	543
Lime	15	113	128	Shale	2	543	545
Shale	10	128	138	Lime	7	545	552
Lime "Soft"	40 6	138	144	Lime Sandy Heavy Bleed	6	552	558
Shale	8	144	152	Shale	3	558	561
Lime	10	152	162	Shale 50% Sand Heavy Bleed	6	561	567
Shale	34	162	196	Shale	50	567	617
Lime	11	196	207	Solid Sand Little Bleed	8	617	625
Shale	2	207	209	Shale	7	625	632
Lime	4	209	213	Solid Sand Oil Smell No Bleed	2	632	634
Shale	10	213	223	Shale	17	634	651
Lime	24	223	247	Coal	2	651	653
Shale	1	247	248	Shale	11	653	664
Lime	2	248	250	Lime "Some Coal"	3	664	667
Shale	7	250	257	Coal	2	667	669
Lime	22	257	279	Shale	2	669	671
Shale	3	279	282	Shale 20% Broken Sand No Oil Show	8	671	679
Coal	3	282	285	Shale 70% Broken Sand Smell No Bleed	6	679	685
Lime KL	11	285	296	Shale 50% Broken Sand Little Bleed	1	685	686 CP
Shale	26	296	322				
Grey Sand "No Oil Show"	3	322	325				
Shale	110	325	435				

C



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 271209

Invoice Date: 09/22/2014 Terms: 0/30/10,n/30

Page 1

STINGER VENTURES
5113 EAST NORTH STREET
SALINA KS 67401
(785)825-1709

NEESE SV I-1
48209
NW29-17-21
9-17-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	118.00	11.5000	1357.00
1118B	PREMIUM GEL / BENTONITE	298.00	.2200	65.56
1107A	PHENOSEAL (M) 40# BAG)	59.00	1.3500	79.65
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-450.66

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.20	63.00
495 CASING FOOTAGE	756.70	.00	.00
548 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00

Amount Due 3314.89 if paid after 10/02/2014

Parts:	1531.71	Freight:	.00	Tax:	82.70	AR	2829.75
Labor:	.00	Misc:	.00	Total:	2829.75		
Sublt:	-450.66	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5289 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



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

271209

TICKET NUMBER 48209
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-17-14	5000	Maeese # SV I-1	NW 29	17	21	FR
CUSTOMER Stinger Ventures			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 5113 East North St			712	Fred Mad		
CITY Salina			495	Nar Bec		
STATE KS			675	Ki Det		
ZIP CODE 67401			548	Dam Wka		

JOB TYPE Logstring HOLE SIZE _____ HOLE DEPTH 771 CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 556.78 DRILL PIPE Baffle in TUBING @ 725.20 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31.5' + Plug
 DISPLACEMENT 4.288 DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 118 sks 50/50 Por Mix Cement 278 gal 2" Pheno Seal/sk. Cement to surface Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing baffle. Pressure to 800 # PSI. Monitor pressure for 30 min MIT. Release pressure to set Float Valve. Shut in Casing.

Utah Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	15 mi	MILEAGE	495	63 ⁰⁰
5402	756.7	Casing Footage		N/C
5407	Minimum	Ton Miles	548	368 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	675	150 ⁰⁰
1124	118 sks	50/50 Por Mix Cement	1357 ⁰⁰	
1118B	298 ^{##}	Premium Gel	65 ⁵⁶	
1107A	59 ^{##}	Pheno Seal	79 ⁶⁵	
		Material	1502 ²¹	
		Less 30%	- 450 ⁰⁰	
		Total		1051 ⁵⁵
4402	1	2 1/2" Rubber Plug		29 ⁰⁰
				3314.89
			7.65%	SALES TAX ESTIMATED TOTAL 82 ²⁰
				2829 ²⁵

Ravin 3737

OK'd J Green

AUTHORIZATION No Co Rep on Site 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.