



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231663
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: _____

1231663

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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

TICKET NUMBER 46483
LOCATION Ch Dorrado
FOREMAN Fuzz4

271561

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
9-30-14	4291	L B Dorley 20-1	20	30S	5E	Cowley												
CUSTOMER Jones at Buck Development			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>760</td> <td>Chris</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Dustin</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	760	Chris			491	Dustin		
TRUCK #	DRIVER	TRUCK #					DRIVER											
760	Chris																	
491	Dustin																	
MAILING ADDRESS P.O. Box 68																		
CITY Sedan	STATE KS	ZIP CODE 67361 0068																

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 222' CASING SIZE & WEIGHT 8 7/8
CASING DEPTH 224' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20"
DISPLACEMENT 12.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Dixon. Rig up and circulate mix 130545
Class A 30%cc 20%cc 1/2# poly flake. Displace 12 3/4 BBL water
and spud in.

Cement did circulate approx 4 BBLs to pit.

Thanks Fuzz4 & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	30	MILEAGE	4.20	126.00 ✓
5407	6.1 Ton	Ton Mileage Delivery (min)	1.41	368.00 ✓
11045	130545	Class	15.70	2041.00 ✓
1102	400#	Calcium Chloride	.78	312.00 ✓
1118B	250#	Bondwater	1.22	55.00 ✓
1107	75#	Poly-Flake	2.47	185.25 ✓
		subtotal		3957.25 ✓
		disc		777.91 ✓
		subtotal		3179.34 ✓
		SALES TAX		116.18 ✓
		ESTIMATED TOTAL		3295.46 ✓

Revin 3737

AUTHORIZATION [Signature] 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.



CONSOLIDATED
Oil Well Services, LLC

271656

TICKET NUMBER 46503
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API B-035-24,08-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-14	4291	Land D Donky 20-1	20	30	.5E	Cowley
CUSTOMER Jones and Buck						
MAILING ADDRESS PO Box 68						
CITY Sedan		STATE KS	ZIP CODE 67361			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			760	Chris		
			692	Judd		
			479	Brandon		

JOB TYPE long string B HOLE SIZE 7 7/8 HOLE DEPTH 3225 CASING SIZE & WEIGHT 5 1/2 15.5
CASING DEPTH 3224 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.7 SLURRY VOL 39.53 WATER gal/sk _____ CEMENT LEFT in CASING 10 ft Shoe Joint
DISPLACEMENT 76.49 DISPLACEMENT PSI 900 MIX PSI 300 RATE 7 bpm

REMARKS: Safety meeting, Run pipe centralizer on 1, 2, 3, 5, 6, 7, 8, 9 Baskets on 3, 10 land pipe circulate hole for min, pump 10 bbl water flush mix 150 sks class A 3 1/2 gal 2 1/2 cc 5 lbs kol-seal per sks, displaced with 76.49 bbl landing plug set 1100 psi, check float, float held Job complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	25	MILEAGE	4.20	105.00 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
5402	728	footage	.23	167.44 ✓
5502	7	80 vac	90.00	630.00 ✓
11045	150	class A	15.70	2355.00 ✓
1102	240	calcium chloride	.78	187.20 ✓
1110A	750	kol-seal	.46	345.00 ✓
1118B	450	gel	.22	99.00 ✓
4114	2	5 1/2 Baskets	290.00	580.00 ✓
4136S	8	5 1/2 stand trehalizer	132.50	1060.00 ✓
4159	1	5 1/2 A Fin Float Shoe	361.00	361.00 ✓
4454	1	5 1/2 hatch down plug	266.25	266.25 ✓
			Subtotal	7609.39
		30% material dis	-	895.86 ✓
			total	6718.53
			SALES TAX	278.91 ✓
			ESTIMATED TOTAL	6992.44 ✓

Ravin 9737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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