



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232179
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
-----------------------------------	-----------------	---

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: _____

1232179

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
--	---

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: _____ _____
--	--	---

McPherson Drilling LLC

Drillers Log

McPherson Drilling LLC

Rig Number: 1	S. 17 T. 27 R. 16 E
API No. 15- 205-28272	County: Wilson
Elev. 994'	Location: SW-NE-NE-NW

Operator: Cherokee Wells LLC
Address: 5201 camp Bowie Blvd Ste 200 Ft worth TX 76107
Well No: A2-17 Lease Name: Atmos
Footage Location: 335 ft. from the (N) (S) Line
2305 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 8/18/14 Geologist:
Date Completed: 8/21/14 Total Depth: 1568'

Gas Tests:	
402'	0
452'	Slight Bls
728'	13.5 mcf
796'	Same
803'	Same 116 mcf
928'	Same
953'	Same
1029'	166 mcf
1078'	Same
1204'	Same
1154' picked up A lot of water picked up A lot more water in Top of Arbuckle	

Casing Record		Rig Time:
Surface	Production	2 hrs @ \$350.00/hr
Size Hole: 11"		Run + cement surface casing
Size Casing: 8 5/8"		
Weight: 23#		
Setting Depth: 284'		
Type Cement: Port		
Sacks: Service company		

Inj water @ 350'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
lime	0	25	Sand/Shale	652	654	Sand (oil)	959	970
Shale	25	137	Shale	654	667	Shale	970	1023
lime	137	145	coal	667	668	coal	1023	1024
Sand	145	152	shale	668	673	Shale	1024	1046
lime	152	158	Sand	673	716	Oil Sand	1046	1050
Shale	158	191	Coal	716	718	Sand/Shale	1050	1106
lime	191	245	lime	718	744	oil Sand	1106	1126
Sand/Shale	245	284	Black shale	744	746	Blk Sand	1126	1150
Sand	284	334	Shale	746	774	water Sand	1150	1157
lime	334	394	lime	774	793	Shale	1157	1170
shale	394	397	Summit	793	795	water Sand	1170	1195
lime	397	440	lime	795	800	mississippi	1195	1391
Blk Shale	440	443	mulby	800	802	Shale	1391	1412
Shale	443	447	lime	802	811	lime	1412	1444
lime	447	477	Sand	811	823	Shale	1444	1478
Shale	477	483	Sand/Shale	823	882	lime	1478	1494
lime	483	510	coal	882	883	Blk Shale	1494	1510
Shale	510	520	Shale	883	898	Arbuckle	1510	1568
Sand	520	523	coal	898	899			watered out
Shale	523	591	Shale	899	921			
lime	591	602	coal	921	922			
Shale	602	619	Shale	922	946			
lime	619	635	coal	946	947			
Sand	635	652	Shale	947	959			

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **1619**
 Foreman Rick Ledford
 Camp Eureka Ks

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-19-14		Almas A2-17	17	27S	16E	Wilson	Ks
Customer <u>Domestic Energy Partners</u>			Unit #	Driver	Unit #	Driver	
Mailing Address <u>PO Box 296</u>			105	Shannon F.			
320 Camp Barber St 2000			113	Alan G.			
City <u>FREDONIA</u>	State <u>KS</u>	Zip Code <u>76167</u>					
<u>H. H. North</u>	<u>TX</u>						

Job Type Surface Hole Depth 286' Slurry Vol. 30 Bbl Tubing _____
 Casing Depth 284' Hole Size 11" Slurry Wt. 14.8# Drill Pipe _____
 Casing Size & Wt. 85/8" Cement Left in Casing 20' Water Gal/SK 6.5 Other _____
 Displacement 17 Bbl Displacement PSI 300 Bump Plug to _____ BPM _____

Remarks: Safety meeting. Rig up to drilling rig. Mixed 800" gel w/ water into small pit. Circulated gel water while rig drilled to 286' full pipe, run casing. Rig up to cement. Mixed 125 sacks class A cement w/ 2% cacl2, 2% gel + 1/4" fluclo/sk @ 14.2"/gal. Displace w/ 17 Bbl fresh water. Shut casing in w/ good cement returns to surface = 15 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	40	Mileage	3.95	158.00
C106	4 hrs	misc pay	200.00	800.00
C200	125 sacks	class A cement	15.00	1875.00
C205	235"	2% cacl2	.60	141.00
C206	235"	2% gel	.20	47.00
C209	25"	1/4" fluclo/sk	2.25	56.25
C206	800"	gel	.20	160.00
C108A	5.87	tax mileage bur tax	m/c	345.00
			subtotal	4422.25
			Sales Tax <u>6.15%</u>	140.17
Authorization <u>[Signature]</u> Title _____			Total	4562.42

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. **1637**
Foreman Steve Mead
Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-22-14		ATmos A2-17	17	27S	16E	Wilson	KS	
Customer			Safety Meeting		Unit #	Driver	Unit #	Driver
Domestic Energy Partners					1041	Alany M		
Mailing Address					113	Joey K		
P.O. Box 296						Allen G.		
City								
Frederick								
State								
KS								
Zip Code								
66736								

Job Type UIS Hole Depth 1560' Slurry Vol. _____ Tubing _____
 Casing Depth 1513 Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 10.5" Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 25 bbls Displacement PSI 800[±] Bump Plug to 1400' BPM _____

Remarks: Safety Meeting: Rig up in 4 1/2 casing. Break circulation w/ 400 bbls Fresh water. Pump 400[±] Gal flush + 100 bbl water spacer. Mix 160 sks Thickset Cement w/ 5# Kel-Sol + 1" phenoseal polysk. Washout pump & lines. Shut down Release Plug. Displace w/ 25 bbls Fresh water. Final pumping Pressure 800[±] Bump plug 1400[±] 4 bbls Good cement to surface. Release pressure. Plug hold. Job complete Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	40	Mileage	3.95	158.00
C201	160sk	Thickset Cement	19.50	3120.00
C207	800 [±]	Kel-Sol 5# polysk	.45	360.00
C208	115 [±]	Phenoseal 1" polysk	1.25	200.00
C206	400 [±]	Gal flush	.20	80.00
C108B	8.8	Tandemlog Bulk Truck	1.35	475.20
C403	1	4 1/2 Top Release Plug	45.00	45.00
			Sub Total	5498.20
			Sales Tax	284.01
			6.15	5722.21

Authorization Steve Mead Title _____ Total **5722.21**

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.