



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232549
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: _____

1232549

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)*

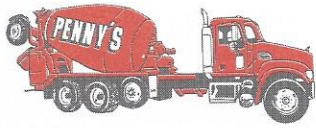
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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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PENNY'S

Chris Johnson #5

CONCRETE, INC.

23400 W. 82ND STREET

SHAWNEE MISSION, KANSAS 66227-2705

DISPATCH: (913) 441-4197 OFFICE (913) 441-8781

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KANSAS
DEPARTMENT OF TRANSPORTATION
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PLANT	DATE	ACCOUNT	TRUCK	DRIVER NAME	TICKET #
08	10/31/2014	COD8	0145	Steve Wilson	8045491

CUSTOMER NAME	ADDITIONAL DIRECTIONS AND/OR SPECIAL INSTRUCTIONS
COD - BAUER OIL	** PAID BY CREDIT CARD **69 HWYSOUTH - 68
JOB ADDRESS	HWY WEST - 169 HWY SOUTH - 7 HWY NORTH -
SUNSHINE RD & 169 HWY - OSAWATOMIE, KS	TAKE THE FRONTAGE RD/371ST ST/SUNSHINE RD WEST TO THE JOB

ORDER #	PO#	PROJECT CODE	JOB#	APPLICATION	PREVIOUS TRUCK	SLUMP
53		CREDITCARD		EXTFW		9

QTY.	UNIT	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
3.00	CYDS	SLURRY20-20	SACK SLURRY - 7 GALLONS	3.00	3.00	\$338.00	1,014.00
3.00	ea	SLC	SHORT LOAD CHARGE	3.00	3.00	\$18.00	\$54.00
1.00	ea	FUELVN	FUEL SURCHARGE - PER LOAD	0.00		\$6.60	\$6.60

SUBTOTAL \$1,074.60
TAX \$92.95
TOTAL \$1,167.55

GRAND TOTAL \$1,167.55

LEAVE PLANT	ARRIVE JOB	START UNLOAD	FINISH UNLOAD
LEAVE JOB	ARRIVE PLANT	TEST CYLINDERS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BEFORE H2O ADDED <input type="checkbox"/> YES <input type="checkbox"/> NO

PURCHASER OR HIS AUTHORIZED REPRESENTATIVE ACCEPTS RECEIPT OF THIS LOAD OF MATERIAL AND HAS INSTRUCTED THE DRIVER TO ADD WATER AS FOLLOWS: yds gal yds gal yds gal yds gal

CAUTION! Cement powder or freshly mixed concrete, grout or mortar may cause skin injury. Avoid contact with skin and wash exposed areas promptly with water. If any cement powder or mixture gets into the eyes, rinse immediately and repeatedly with water, and get prompt medical attention. Keep children away from all freshly mixed cement products. MSDS on reverse side.

ANY WATER ADDED TO MIX ON THE JOB WILL BE AT THE PURCHASER'S RISK

DELIVERY AGREEMENT: This purchase agreement is for delivery to the curb line. In the event Purchaser requests delivery beyond the curb line, the Purchaser hereby assumes liability for damages to sidewalks, driveways all other property, and personal injury. Purchaser hereby agrees to indemnify and hold the Seller harmless against all liability, loss or expense incurred as the result of such delivery. If ground conditions beyond the curb line are inadequate for heavy truck travel, and as a result of this condition the truck requires towing, towing will be at the customer's expense.

PRODUCT PERFORMANCE: All concrete sold on a basis of compressive strength, air-entrainment, slump, temperature, density and or yield must be sampled at the mixer truck discharge in accordance to ASTM C172 and tested according to the applicable ASTM testing standards. Compressive strength: ASTM C31 & ASTM C39; air content: ASTM C231 or ASTM C173; Slump: ASTM C143; Temperature: ASTM C1064; density and or yield: ASTM C138. Slump and air-entrainment variances in accordance to ASTM C94 are applicable. Unless identified in writing, no other condition of sale shall apply. Customer assumes all responsibility for the placement, consolidation, curing, and protection of all concrete after delivery to the curb line. The placement, consolidation, curing, and protection of all concrete can greatly affect its performance. The seller is not responsible for any product performance after placement is made by the customer.

ADDITIONAL INFORMATION: Ambient conditions may produce rapid evaporation of moisture from the concrete surface. As a result, plastic shrinkage cracking may occur. Precautions should be taken. Drying shrinkage is an inherent, unavoidable property of concrete and precautions should be taken to minimize random cracking. Control joints must be properly constructed with reference to location, spacing, depth and timing. Materials hereby sold become property of purchaser at point of origin. The purchaser shall in no event accept deliveries of materials not in accord with the agreement of the parties, but such materials shall be refused by the purchaser and returned to the seller with a written statement of the reason for the refusal thereof. No cancellation accepted after concrete has been batched.

MSDS and Lien Law information on reverse side.

RECEIVED IN GOOD CONDITION BY _____

PRINTED NAME _____ TITLE _____

X

CUSTOMER SIGNATURE _____

NO WARRANTY IMPLIED OR EXPRESSED ON PRODUCT