



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234133
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: _____



1234133

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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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 269723

Invoice Date: 07/28/2014 Terms: 30/0/10,n/30

Page 1

KINGMAN OIL LLC
2394 UTAH ROAD
RANTOUL KS 66079
(785) 214-9472

L SPRATT #6
47443
NW29-17-21
07/15/2014
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	720.60	.00	.00
510 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 08/07/2014

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
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

269723

TICKET NUMBER 47443
LOCATION Ottawa KS
FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-15-14	4542	L. Spratt #6	8NW29	17	21	FR

CUSTOMER KINGMAN OIL
MAILING ADDRESS
2394 Utah Rd
CITY Rantoul STATE KS ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Hor Bec		
675	Kai Det		
510	Dus Web		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 735 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 720.6 DRILL PIPE Baffle in TUBING @ 691.5 OTHER
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 29' + Plug
DISPLACEMENT 4.02 BBL DISPLACEMENT PSI MIX PSI RATE 4.3 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 0/18 sks 50/50 Poz Mix Cement 298 Gal 1/2 # Pheno Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800 PSI. 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	720.6	Casing footage		N/C
5407	Minimum	Ten Miles		368.00
5502C	1 1/2 hr	80 BBL Vac Truck		250.00
1124	118 sks	50/50 Poz Mix Cement	1357.00	
118B	298 #	Premium Gel	655.6	
1107A	59 #	Pheno Seal	79.65	
		Material	1502.21	
		less 30%	- 450.66	
		Total		1051.55
4402	1	2 1/2" Rubber Plug		29.00
				3314.89
		7.65%	SALES TAX	82.70
			ESTIMATED	
			TOTAL	2829.25

Ravin 3737

AUTHORIZATION _____ 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

LEASE NAME: Larry Spratt OPERATOR: Utah Oil

START DATE: 7-14-14

WELL #: KO-6 LOCATION: Franklin

API #: 15-059-26494

SURFACE PIPE: 7' Ft 20.05 Cement (#bags) 6

PRODUCTION: used PIPE: 2 7/8 SIZE: 720.60 =FT Baffle 29.10

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
3	Soil		3	11	Shale		489
2	Sand Stone		5	3	Lime		492
3	Grey Sand		8	2	Coal		494
65	Shale		73	10	Shale		504
2	Lime		75	5	Shale	Some Lime	509
1	Shale		76	4	Lime		513
15	Lime		91	1	Lime	Oil Small No Bleed	514
8	Shale		99	3	Lime Soft	Sandy Heavy Bleed	517
5	Grey Sand	No Oil Show	104	1	Lime Soft	Good Bleed	518
2	Lime		106	2	Lime		520
7	Shale		113	2	Shale		522
2	Lime		115	1	Shale	Broken Sand No Show	523
3	Shale		118	3	Sand Solid	Oil Small No Bleed	526
4	Lime		122	1	Broken Sand	Heavy Bleed CP	527
37	Shale		159	0.5	Broken Sand	40% Good Bleed	527.5
12	Lime		171	1	Shale		528.5
2	Shale		173	0.25	Broken Sand	50% Good Bleed	528.75
4	Lime		177	1.25	Sand Solid	Good Bleed	530
10	Shale		187	3	Broken Sand	50% Good Bleed	533
27	Lime		214	48	Shale		581
8	Shale		222	2	Broken Sand	40% Oil Light No Bleed	583
23	Lime		245	4	Sand Solid	Small No Bleed	587
3	Shale		248	2	Broken Sand	50% Small No Bleed	589
2	Coal		250	40	Shale		629
12	Lime		262	3	Coal		632
3	Shale		265	1	Lime		633
1	Lime	KC	266	8	Shale		641
102	Shale		368	2	Shale Very Broken Sand	Light Bleed CP	643
4	Lime		372	7	Broken Sand	50% Light Bleed	650
26	Shale		398	8	Sand Solid	Good Bleed	658
8	Lime	Soft	406	77	Shale		735
5	Shale		411				
18	Lime		429			Waylon	
41	Shale		470			1st Core 527-546	
8	Lime		478			2nd Core 643-661	