



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236138
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: _____



1236138

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



Cement or Acid Field Report

Ticket No. 1950

Foreman Rick Ledford

Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-7-14	1048	CoFank Ranch # 3	22	26S	2E	GU	Ks
Customer <u>Sonoma Resources LLC</u>		Safety Meeting PL QB	Unit #	Driver	Unit #	Driver	
Mailing Address <u>P.O. Box 384</u>			102	<u>Chris B.</u>			
City <u>El Dorado</u>			111	<u>Rick L.</u>			
State <u>Ks</u>	Zip Code <u>67042</u>						

Job Type surface Hole Depth 216' Slurry Vol. 28 Bbl Tubing _____
 Casing Depth 217' v.B. Hole Size 12 1/4" Slurry Wt. 14.8" Drill Pipe _____
 Casing Size & Wt. 8 5/8" Cement Left in Casing 15' Water Gal/SK 6.5 Other _____
 Displacement 13 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety meeting - Rig up to 8 5/8 casing. Break circulation w/ fresh water. Mixed 115 sacks class A cement w/ 3% accel + 2% gel @ 14.8' / gal. Displace w/ 13 Bbl water. Shut casing in w/ good cement returns to surface - 6 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
C102	15	Mileage	3.95	59.25
C200	115 sacks	Class A cement	15.00	1725.00
C205	325"	3% accel	.60	195.00
C206	215"	2% gel	.20	43.00
C108A	5.41	tax mileage built in	n/c	345.00
			Subtotal	3207.25
		7.15%	Sales Tax	140.35

Authorization Witness by Cotton Culver Title Toolpusher C/O Total 3347.60

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.

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 PO Box 92
 EUREKA, KS 67045
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Cement or Acid Field Report
 Ticket No. 1957
 Foreman Ron Leiford
 Camp Eureka KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-12-14	1048	Cofaru Ranch #3	22	26S	8E	Greenwood	KS
Customer			Unit #	Driver	Unit #	Driver	
Sonoma Resources LLC			105	Dave G.			
Mailing Address			118	Scott W.			
P.O. Box 384							
City	State	Zip Code					
Eldorado	KS	67042					

Job Type L/S Hole Depth 3100 Slurry Vol. 21 Bbl Tubing _____
 Casing Depth 2942.5 G.L. Hole Size 2 7/8" Slurry Wt. 13.8⁺ Drill Pipe _____
 Casing Size & Wt. 5 1/2" 14^W Cement Left in Casing 0' Water Gal/SK 7.0 Other _____
 Displacement 72.1' Displacement PSI 500 Bump Plug to 1000 BPM _____

Remarks: Safety meeting - Rig up to 5 1/2" casing. Set packer shoe @ 1350 PSI. Pump 10 Bbl fresh water ahead. Mixed 100 sacks 60/40 Perm mix cement w/ 270 gal 270 ccsl 2 + 2" phensol/15K @ 13.8⁺ gal washout pump + loss, release plug. Displace w/ 72.1' Bbl fresh water. Final pump pressure 500 PSI. Bump plug to 1000 PSI. release pressure, float + plug held. Good circulation @ all times. Job complete. Rig down.

Cont: 1, 3, 5
 basket - 8
 Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	15	Mileage	3.95	59.25
C203	100 sacks	60/40 Perm mix cement	12.75	1275.00
C205	175 ^W	270 ccsl 2	.60	105.00
C206	175 ^W	270 gal	.20	35.00
C208	350 ^W	2" phensol/15K	1.25	437.50
C107A	4.3	for mileage bus + truck	m/c	375.00
C404	1	5 1/2" top sube plug	70.00	70.00
C504	3	5 1/2" x 2 7/8" centralizer	48.00	144.00
C604	1	5 1/2" basket	225.00	225.00
C752	1	5 1/2" x 2 7/8" Type A packer shoe	1400.00	1400.00
			7.159%	5145.75
			Subtotal	5145.75
			Sales Tax	263.94

Authorization Witnessed by Cotta White Title Trip/Job Total 5409.69

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C604	1	5 1/2" basket	225.00	225.00	
C752	1	5 1/2" x 2 7/8" Type A packer shoe	1400.00	1400.00	
			subtotal	5145.75	
			7.159%	Sales Tax	263.94
				Total	5409.69

Authorization witnessed by Cotta White Title Tulipista Total 5409.69

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