



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236537
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: _____



1236537

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

CONSOLIDATED
Well Services, LLC

271382

TICKET NUMBER 46557
LOCATION Oakley, KS
FOREMAN Kelly Gabel

Chanute, KS 66720
10 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-14 0734	Doyle #2	8	15	36 ^W	Rawlins
CUSTOMER Prospect oil		McDonalds			
MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
		399	Jeremy		
		460	Shane		
			Larry		
CITY	STATE	ZIP CODE			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 267 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 267 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15² SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 20'
 DISPLACEMENT 15 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on H² #2, broke circulation
mixed 225 SKS com 3+2, displaced with bbl water
shut in

Cement did circulate

Thank You
Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
551015	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	75 mi	MILEAGE	5.25	393.75 ✓
11045	225 SKS	Class A cement	18.55	4173.75 ✓
1102	6.35 #	Calcium chloride	.94	596.90 ✓
118B	4.23 #	Gel	.27	114.21 ✓
5407A	10.56 ton	Ton Mileage delivery	1.31	1387.92 ✓
			Sub	781.58
			Less 10.90	770.68
			Total	7034.93 ✓
			SALES TAX	347.32 ✓
			ESTIMATED TOTAL	7382.25 ✓

Revin 9797

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.

4, Chanute, KS 66720
9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>9-26-14</u>	CUSTOMER # <u>6334</u>	WELL NAME & NUMBER <u>Deyle #2</u>	SECTION <u>8</u>	TOWNSHIP <u>1</u>	RANGE <u>36</u>	KS COUNTY <u>Rawlins</u>	
CUSTOMER <u>Prospect Oil & Gas</u>		MCDONALD KS 15N west side		TRUCK # <u>399</u>	DRIVER <u>Mike</u>	TRUCK # <u></u>	DRIVER <u></u>
MAILING ADDRESS				TRUCK # <u>397</u>	DRIVER <u>Lance</u>	TRUCK # <u></u>	DRIVER <u></u>
CITY				TRUCK # <u>Helper</u>	DRIVER <u>Colin</u>	TRUCK # <u></u>	DRIVER <u></u>
STATE							
ZIP CODE							

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4475 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4.5 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk 6.7 CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up Plug as ordered.

- 3030 50 SKS
- 2230 100 SKS
- 320 50 SKS
- 40 10 SKS
- MH 15 SKS
- RH 30 SKS
- 255 SKS 60/40 4% gel 1/4 flo.

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	85	MILEAGE	1395.00	1395.00 ✓
5407a	9.67	Ten Mileage Delivery	5.25	446.25 ✓
			1.75	1438.41 ✓
1131	255 SKS	60/40 Poz mix		
1118A	877	Bentonite	15.86	4044.30 ✓
1107	64	Flo Seal	.27	236.79 ✓
4432	1	85/8 wooden Plug	2.97	790.08 ✓
			100.75	100.75 ✓
			Sub	7851.58
			less 10% Total	765.15 ✓ 7066.43

SALES TAX 325.07
 ESTIMATED TOTAL 7391.50
 DATE 9-26-14

AUTHORIZATION Steven Craig TITLE TOOLPUSHER

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.

Revin 3737