



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234097
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: _____

1234097

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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#1 Huelsman

550' FNL & 2040' FWL

110' N & 60' E of N/2 NE NW Section 22-13S-31W

Gove County, Kansas

API# 15-063-22214-0000

Elevation: 2933' GL, 2938' KB

Sample Tops			Ref. Well
Anhydrite	2422'	+516	+8
B/Anhydrite	2447'	+491	+9
Stotler	3608'	-670	+5
Heebner	3958'	-1020	+7
Toronto	3985'	-1047	Flat
Lansing	4001'	-1063	+5
Muncie Shale	4156'	-1218	+6
Stark Shale	4241'	-1303	+8
Hush	4280'	-1342	+5
BKC	4317'	-1379	+6
Marmaton	4345'	-1407	+1
Altamont	4368'	-1430	+3
Pawnee	4445'	-1507	+6
Myrick	4473'	-1535	+18
Fort Scott	4493'	-1555	+19
Cherokee Shale	4520'	-1582	+19
Johnson	4569'	-1631	+14
Mississippian	4609'	-1671	+22
RTD	4740'	-1802	



CONSOLIDATED
Oil Well Services, LLC

270884

TICKET NUMBER 46654
LOCATION Oakley, KS
FOREMAN Miles Shaw

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
9-2-14	7173	Hwells man #1	22	135	31W	Gove
CUSTOMER Ritchie Exploration			Gallway vs Stand S E 1/4 NW 1/4 Stand 1/2 S & W into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	Jeremy R	460	Loody R
STATE						
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4779' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT R.R. SLURRY VOL 14 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on WW Drilling rig #8 Plug as ordered
1st plug 50 S/S @ 2450'
2nd plug 100 S/S @ 1525'
3rd plug 50 S/S @ 275'
4th plug 10 S/S @ 40' wiper
RH 30 S/S
240 S/S 60/40 per 48 gal 7/4 # Plugs

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395. ⁰⁰	1395. ⁰⁰
5406	20	MILEAGE	5.25	105. ⁰⁰
5407	10.3 Ton	Ton mileage delivery min	1.75	430. ⁰⁰
1107	60 #	Flasol	2.97	178.20
1188	17051 #	Bentonite gel	.27	445.77
1131	240 S/S	60/40 per cement	15.86	3806.40
4482	1	5/8" wiper plug	100.75	100.75
			Subtotal	6461.12
			less 1030 3 count	646.11
			Subtotal	5815.01
			SALES TAX	322.17
			ESTIMATED TOTAL	6137.18

Ravin 3737

[Handwritten signature]

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.

39-46 8234-23



CONSOLIDATED
Oil Well Services, LLC

270682

TICKET NUMBER 46715
LOCATION Oakley KS
FOREMAN Dane Retzlaff

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
8-25-14	7173	Huelsman #1	22	13	31	Govt. KS
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	Mike		
CITY			460	Dane		
STATE			Helper	Bill		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 218 CASING SIZE & WEIGHT 8 5/8 24 LBS
 CASING DEPTH 210 DRILL PIPE 4.5 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20
 DISPLACEMENT 12.1 DISPLACEMENT PSI 200 MIX PSI 50 RATE mix & displace 7

REMARKS: Softening meeting rig up, break circulation, mix 165 SKS class A cement
5% cc 2% gel. Displace 12 bbls of water, shut in, wash up pump & lines.
Rig down. Cement did circulate

Thanks Dane & crew.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	25	MILEAGE	5.25	131.25 ✓
5407A	7.75	Ton Mileage Delivery (min)	1.75	135.63 ✓
11045	165 SKS	Class A cement	18.55	3060.75 ✓
1102	465	Calcium Chloride	.97	451.05 ✓
1118A	310	Bentonite	.27	83.70 ✓
			sub	5292.80
			less 10%	529.29
			Total	4763.52
			SALES TAX	246.59 ✓
			ESTIMATED TOTAL	5010.10 ✓

Ravin 9737

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.