



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234384
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: _____

1234384

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 46450
LOCATION 180
FOREMAN Jeff Shell

271938

CEMENT

APF 15-035-24613-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/14/14	4291	Set 2 Kom 26-1	26	30	4	Cowley
CUSTOMER						
Jones & Buck Development						
MAILING ADDRESS						
PO Box 68						
CITY						
Sedan		STATE	KS	ZIP CODE		
					67361	
TRUCK #						
DRIVER						
TRUCK #						
DRIVER						
446						
Tash						
479						
Dustin						
539						
Jeff						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 220 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 220 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 31.5 WATER gal/sk _____ CEMENT LEFT IN CASING 20'
 DISPLACEMENT 13.0 DISPLACEMENT PSI 100 MIX PSI 100 RATE 4.8

REMARKS: Safety meeting, broke circ, pumped 130SKS class A cement
3% calcium 2% gel 1/2 lb Poly displaced to surface with 136lbs
fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	33	MILEAGE	4.20	138.60
5407	1	min bulk delivery	368.00	368.00
11045	130SKS	class A cement	15.70	2041.00
1102	400lbs	calcium chloride	.78	312.00
1118 B	260lbs	Gel	.22	57.20
1107	75lbs	Polyflake	2.47	185.25
			Subtotal	3972.05
			Minus 30% material Discount	778.64
			Subtotal	3193.41
			SALES TAX	116.28
			ESTIMATED TOTAL	3309.69

Ravin 3737
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.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 48464
LOCATION 180
FOREMAN Jacob Storm

271953

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API 15-035-24613-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-18-14	4291	Setzkorn 26-1	26	30	4E	Corker
CUSTOMER Jones and Buck						
MAILING ADDRESS Po Box 68						
CITY Sedan		STATE KS	ZIP CODE 67361			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			760	Chris		
			681	Mark		
			692	Judd		
			702	Jacob		

JOB TYPE Long string B HOLE SIZE 77/8 HOLE DEPTH 3309 CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH 3209 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 10ft shoe
 DISPLACEMENT 77.80 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Run pipe centralizer on 1,3,5,7,9,11 basket on 8 land pipe Jaccubate hole for 30 min pump 10 bbl fresh water mix 150 sta class A 3 1/2 gal 2 xcc 5 1/2 kol-seal displaced with 77.80 bbl water landing plug at psi check float float held Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	45	MILEAGE	4.20	189.00
5407	1	min bulk delivery	368.00	368.00
5402	1300	footage	.23	299.00
5502 c	6	80 vac	90.00	540.00
1104 S	150	class A	15.70	2355.00
1102	250	calcium chloride	.78	195.00
1118 B	450	gel	.22	99.00
1110 A	750	kol-seal	.46	345.00
4114	1	5 1/2 Basket	290.00	290.00
4136 S	6	5 1/2 S Band centralizer	132.50	795.00
4159	1	5 1/2 AFw shoe	361.00	361.00
4454	1	5 1/2 batch down plug	266.75	266.75
			Subtotal	7187.75
		discount	-	898.20
			total	6289.55
			SALES TAX	243.75
			ESTIMATED TOTAL	6533.30

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