Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1235415

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec	TwpS. R	East West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from I	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long: _	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	/ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	:
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total C	Depth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls
Dual Completion			Dewatering method used: _		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			1		
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:_	
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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:

1235415	

Operator Name:				Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
open and closed, flowing and flow rates if gas to	ng and shut-in pressu surface test, along w	res, whe	ther shut-in pre hart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrost space is neede	atic pressures, b ed.	ottom hole tempe	erature, fluid recovery,
Final Radioactivity Log files must be submitted	-					gs must be em	alled to kcc-well-	logs@kcc.ks.gov	v. Digital electronic lo
Drill Stem Tests Taken (Attach Additional S	heets)	Ye	es No				ion (Top), Depth		Sample
Samples Sent to Geold	ogical Survey	Ye	es 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run		Y∈ Y∈							
List All E. Logs Run:									
		Beno	CASING ort all strings set-o	RECORD	Ne		etion etc		
Purpose of String	Size Hole	Siz	e Casing	Wei	ght	Setting	Type of	# Sacks	Type and Percent
	Drilled	Set	t (In O.D.)	Lbs.	Ft.	Depth	Cement	Used	Additives
			ADDITIONAL	CEMENTII	NG / SQL	EEZE RECORU)		
Purpose: Perforate Protect Casing	Depth Top Bottom	Type of Cement		# Sacks	Used	Type and Percent Additives			
Plug Back TD Plug Off Zone									
Did you perform a hydraul Does the volume of the to Was the hydraulic fracturir	tal base fluid of the hydra	ulic fractu	ıring treatment ex		•	Yes Yes Yes	No (If No, s	skip questions 2 ar skip question 3) fill out Page Three	,
Shots Per Foot			RD - Bridge Plug Each Interval Perl				acture, Shot, Ceme Amount and Kind of I		d Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:			
Date of First, Resumed F	Production, SWD or ENH	R.	Producing Meth	nod:			Yes N	io	
Estimated Production Per 24 Hours	Oil B	bls.	Flowing Gas	Pumpin Mcf	g		Other <i>(Explain)</i> Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease		NDpen Hole	METHOD OF	_	Comp. Co	ommingled bmit ACO-4)	PRODUCTIO	ON INTERVAL:

Form	ACO1 - Well Completion
Operator	Scott's Production, LLC
Well Name	LEE JOHNSON 8
Doc ID	1235415

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	"		Type and Percent Additives
SURFACE	12.25	8.625	24	210	CLASS A	125	
LONG	7.8750	5.50	15.50	2694	CLASS A	75	



REMUT TO

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 # 271946

Invoice Date: 10/23/2014 Terms: 0/30/10,n/30 Page 1

SCOTT'S WELL SERVICE, INC. P.O. BOX 136 ROXBURY KS 67476 (785)254-7828 LEE JOHNSON #8 46530 8/16/1 10/16/2014 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	125.00	15.7000	1962.50
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1107	FLO-SEAL (25#)	75.00	2.4700	185.25
Sublet Performed	Description			Total
9996-180	CEMENT MATERIAL DISCOUNT			-754.42
Description		Hours	Unit Price	Total
_	URFACE)	1.00	870.00	870.00
446 EQUIPMENT MILE		90.00	4.20	378.00
491 TON MILEAGE DE	LIVERY	531.00	1.41	748.71

Amount Due 4691.27 if paid after 11/02/2014

Parts: 2514.75 Freight: .00 Tax: 125.87 AR 3882.91

Labor: .00 Misc: .00 Total: 3882.91 Sublt: -754.42 Supplies: .00 Change: .00

Signed Pd 10-17-14 Ck# 7989

Date



271946

TICKET NUMBER 46530 LOCATION & L De Ado FOREMAN FUZZY

FIELD TICKET & TREATMENT REPORT

	or 800-467-8676			CEMENT				52
DATE	CUSTOMER#	WELL	NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
		Lee Joh	440N 4	8	8	16	(Salina
10-16-14	1700	LEC JO		Roxbuiy				
CUSTOMER	Producti	an Lle		W- Hodel	e+STRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS	.,,		Pol.	446	Josh	1,500 -11	
P.O. Bo		7		2 min more	प्वा	Jud		
CITY	156	STATE	ZIP CODE	7 1/2 00 1				
Rochur		K3	67476	6450				
JOB TYPE 4	422×e	HOLE SIZE	12114	_ HOLE DEPTH	220	CASING SIZE & V	VEIGHT 8 3	8
CASING DEPTH		DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL_	1.36	WATER gal/si	6.5	CEMENT LEFT in	CASING	5 '
DISPLACEMEN	T13.1	DISPLACEMEN	T PSI	MIX PSI		RATE		,
REMARKS: 5	1.0	rodine c	.~ C+C	£ 2.	Ricus	sump 5	BBLUA	4-1
mix 17	set s	Class A	3070	11.230	cel 1/2	+ polyflate	e. Dis	MARK
13 881	1 300 8	الرماد مل			•			
() 03	S. Risto							
Cement	ded.	67.560	المحل	Approx	4 BAL	40 bit		
			• •			Th.	ants	
					2	FUZZY	+ (1 vu	

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	87000	87000
5406	90	MILEAGE	430	37800
5407A	5,9 400	Ton Mileago Dalivery	13	74821
11045	125 5 K 5	Closs'A' coment	15 70	1962 55
11183	250	Rundonte	:22	55 -
1102	400	CAlcium chloride	178	31200
1107	75*	Poly. Slake	242	185 25
				451141
		Dise	srout	754 4
				3757
	2			
			SALES TAX	125.89
avin 3737	0111		ESTIMATED TOTAL	3882.9

AUTHORIZTION_ 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

TITLE_



REMUT TO

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 # 271963

Invoice Date: 10/23/2014 Terms: 0/30/10,n/30 Page 1

SCOTT'S WELL SERVICE, INC. P.O. BOX 136 ROXBURY KS 67476 (785)254-7828

LEE JOHNSON #8 46533 8/16/1 10/20/2014 KS

		========		========
Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	75.00	15.7000	1177.50
1102	CALCIUM CHLORIDE (50#)	150.00	.7800	117.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1110A	KOL SEAL (50# BAG)	375.00	.5600	210.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75
4104	CEMENT BASKET 5 1/2"	1.00	290.0000	290.00
4130	CENTRALIZER 5 1/2"	3.00	61.0000	183.00
Sublet Performed	Description			Total
9996-180	CEMENT MATERIAL DISCOUNT			-468.45
4				
Description		Hours	Unit Price	Total
603 CEMENT PUMP		1.00	1085.00	1085.00
603 EQUIPMENT MILE	AGE (ONE WAY)	90.00	4.20	378.00
681 TON MILEAGE DE	LIVERY	315.00	1.41	444.15
681 CASING FOOTAGE		1500.00	.23	345.00

Amount Due 5102.61 if paid after 11/02/2014

Parts: 2660.25 Freight: .00 Tax: 156.72 AR 4600.67

Labor: .00 Misc: .00 Total: 4600.67 Sublt: -468.45 Supplies: .00 Change: .00

Signed Pd 10-27-14 Ck# 7989

Date



27/963

TICKET NUMBER 46533

LOCATION E L Doindo

FOREMAN FUZZY

PO Box 884, Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6	CEMENT	Γ			K5
DATE	CUSTOMER#	WELL NAME & NUM	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-14	7922	Lee Johnson	*8	8	16	i	Salina
SCOTTS	Production	on LLC	7.35 to	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS		C+3+40	603	Tracoy		
D.O. F	30x 136		CHAMOIE	681	Staven		
CITY		STATE ZIP CODE	3 500+1				
Roybus	• ~	KS 67476	, E+51r				<u> </u>
	oluction	HOLE SIZE 7718	HOLE DEPTH	2696	CASING SIZE & W	/EIGHT_5"	15.5
CASING DEPTH		DRILL PIPE	TUBING			OTHER	
SLURRY WEIGI	HT 14.7	SLURRY VOL 1,48	WATER gal/sl	7.3	CEMENT LEFT in	CASING **	
DISPLACEMEN	T 64.1	DISPLACEMENT PSI	_ MIX PSI		RATE		
REMARKS: 5	on Hezz	exting on C+6	42 18.	C U A . 3	Flood Pavio	· Cent	. 1.3-5
BASKA	*8 C	LACULA 30 mi	N. Pum	- 5 BE	is water.	SOOKA	mud
Clush	5 BAL	water. Miy	75 KK	CIDSS A	390cl	20000	· w/5=
	ul oveck	. Washpump	and ti	Nes De	CD Alve A	nd displa	46
6514		100 × 151 11	00 # 10	nd T	load held		
[33]	936 6 2						
					Thanks	FUZZY	8 Cre W

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	108500	1082 00
5406	90	MILEAGE	420	37800
5407A	315 TON	Ton milyace Delivery	147	44415
5402	1500	Casing Coodings	1,23	34500
11045	755Ks	Class A'	15 10	1177 50
1102	150#	Calcium chloride	.78	11700
11183	250€	Gel	.22	5500
1110 A	375	14015441	156	21000
4159	1	512-ASU Float shop	36100.	36, 25
4454	1	51/2. Ladohdown ASSV	266 23	266 35
4104	1	512 Basket (w)	29000	29000
4130	3	51/2. (ext (w)	6100	18300
		50540		4912.40
		lass disco	Lut-	46845
		5 NP 40411		
				4443.95
			SALES TAX	156.72
vin 3737	0 119.04		ESTIMATED TOTAL	4600.67

AUTHORIZTION TITLE 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.



LOCATION EL FOREMAN TOTAL

DATE

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	r services.		CEMEN	onditions.		rees to the foilo	(dschmer am
DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10-70-14	and support	Lees	ohnson	#8	10 a 80 of a	diw played, on	anoibuni solu	SALVINO
CUSTOMER	le to guarantee t	COWS is unab		7.35 40	moltel a avoir-lit	audina bina basa	gurrymi sik mi.)	SIND SCIENTING
Septe	Production	ON LLEZ			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS Over bodzinień siab policie negrepara				HwyL	1603 101	TURENTY	n rate allowed	the maxima
D.O. P	30× 136	e inen best i	trings general	EXX YO	681	Stoven	NO TEMBER OF SET SE	Postantial C
CITY	not be respons	STATE	ZIP CODE	13 500th		J.awo	es incurred by t	atterney's fe
Roybur	s governoite d	in Remarkant	67476	E+5;+	ofte curious perfe	ite or local sales	te leaders! sld	offings va A
JOB TYPE P		HOLE SIZE	אורר	HOLE DEPTH	7696	CASING SIZE & V	EIGHT 5 12	154500
CASING DEPTH	2696	DRILL PIPE		TUBING	statio of bisq	es required to be	OTHER	price. All pro
SLURRY WEIGH	4114.7	SLURRY VOL_	1,48	WATER gal/s	k 7.3	CEMENT LEFT in	CASING_	
DISPLACEMENT	1641	DISPLACEMEN	T PSI	MIX PSI	m notice.	RATE	orices are subject	All COWS
REMARKS: 5	-ni plaza	entine o	1011246	43 B	F. que	lost equip	pricent:	1.305
BASKET	48 C	orculate	30 min	Dir Pun	0 5 BS	1 water	,5005 Al	mud
Plusk	SBAL	L. Ate Roll	moit 7	55KS	CLASSA	39000	27016	w/5#
1201-51	al persk	· Was	hound	and to	NOS DI	OD Plus M	nd displu	of Moord
10514	BBL	5004 1.5	SITTE	00#10	nd F	load hele	All to lounout	CUSTODY, and
bas sleinok	supplies and m	ero the products	S warrants title	W00 of	toszen selitet	a dit picusione	- sviteteszeres	aldipaggen
anship and	fects in works	free from det	the same are	se that I	d for any servi	or materials use	fils, pressures,	specify dept
KKANTIES,	ECAN MARKET	THE DAY BY	1.1111 2,181 A. GO 220	GOVII .		THANKS	FU274	TENEW

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	h of warraghty procharrance) a	PUMP CHARGE	108500	108200
5406	mension of 90 mg vis	MILEAGE and surface dumage arising spanish souther box souther	1200	37800
5407A	normal to 375 14 Notion	Townillage Delivery	S/24Teach	4415
3402	to remetal los somewolfens, it	aute of the sole willful misconduct or 1000 2000 2000	77 2 3 1815	34500
n nere		Customer shall be responsible for	C Klad bee 33	oraspor per
11045	11 5 5 K 5	Class A's monganus esuling from of A 22012	15 20	10177 50
1102	150#	Caleton chloride	180, 7800	11700
11183	250€	F arising from a service operation	122	5750
1110A	375	ajury to or death of persons, other / by 2 lost	(8) 5 6	21000
4159		5"2" ASU TRADE SOCO HOW OF THE	36100	36100
,4454		51/2. Ladokdown ASSY 2014019 Dalle	266 25	266 15
4104		5 2 - Bas Bet les en malarotano (w)	29000	7900
4130	-3	51/2. cent minimum transcent (w)	6100	noitalierio
- Carrie		ok do with loss of circulation,	cement physol	473190
		lost distor	ste omiter o	4684
	X	1 x 2 0 x d v 3 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	ement plug, inc	cement or of
		oe, amulus bridging or plugging, or	slugged float si	42639
		son and by any cause; COWS may	Surpe alon are	air ni Abus
avin 3737		ad may supply supervision for the	SALES TAX ESTIMATED	uroh daimiñ
WIII 3/3/	0.118,0th	uch tools but will not be liable for caused by the use of such tools:	TOTAL	namen vas

AUTHORIZTION () TITLE 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.