



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236365
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: _____

1236365

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> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 50625 ¹⁰⁵¹

INVOICE # 802163
LOCATION Ottawa
FOREMAN Alan Mader ¹⁰¹

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
11-10-14	9999	R. Player Font #3 NW 13		17	21	M.			
CUSTOMER J C Operations		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS 4747 Texas		730		Alan Mader		Safety Mod			
CITY Wellsville		368		Art McD					
STATE <u>KS</u> ZIP CODE <u>66092</u>		369		Mik Hold					
JOB TYPE <u>long string</u>		HOLE SIZE <u>6 3/4</u>		HOLE DEPTH <u>760</u>		CASING SIZE & WEIGHT <u>4 1/2</u>			
CASING DEPTH <u>740</u>		DRILL PIPE		TUBING		OTHER			
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT IN CASING <u>yes</u>			
DISPLACEMENT <u>11.6</u>		DISPLACEMENT PSI <u>800</u>		MIX PSI <u>200</u>		RATE <u>4 bpm</u>			

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 6 1/2 bbl dye marker. Mixed & pumped 90 sk 50/50 cement plus 2% gel. Circulated dye. Flushed pump. Pumped plug to casing TD with 11.6 bbl clean water. Circulated 5 bbl cement returns. Well held 800 PSI. Set float.

Wes, TOS

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 -	1	PUMP CHARGE	368	1080.00
5406 -	20	MILEAGE	368	840.00
5402 -	740'	casing footage	368	
5407 -	major	tan miles	558	368.00
5502L -	1 1/2	80-90	369	150.00
41124 -	90	50/50 cement	1035.00	
11186 -	251 #	gel	55.22	
		material sub	1090.22	
		less 30% -	327.07	
		material total		763.15
41124 -	1	4 1/2 plug		47.25
completed			2911.49	
			SALTS TAX	62.00
			ESTIMATED TOTAL	2559.40

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.



MIDWEST SURVEYS

LOGGING - PERFORATING - CONSULTING SERVICES
P.O. Box 68, Osawatomie, KS 66864
913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No.

API # 15-121-30,789

Company **Fontus EOR, LLC**

Well **Robert Player No. Fontus-3**

Field **Paola - Rantoul**

County **Miami** State **Kansas**

Location **947' FNL & 2081' FWL
NW-SE-NE-NW**

Other Services
Perforate

Sec 13	Twp 17S	Rge 21e	Elevation 1042'	Elevation
Permanent Datum	GL			K.B. NA
Log Measured From	GL			D.F. NA
Drilling Measured From	GL			GL 1042'

Date 11-17-2014

Run Number One

Depth Driller 760.0

Depth Logger 736.0

Bottom Logged Interval 735.0

Top Log Interval 20.0

Fluid Level Full

Type Fluid Water

Density / Viscosity NA

Salinity - PPM Cl NA

Max Recorded Temp NA

Estimated Cement Top 0.0

Equipment No. 107

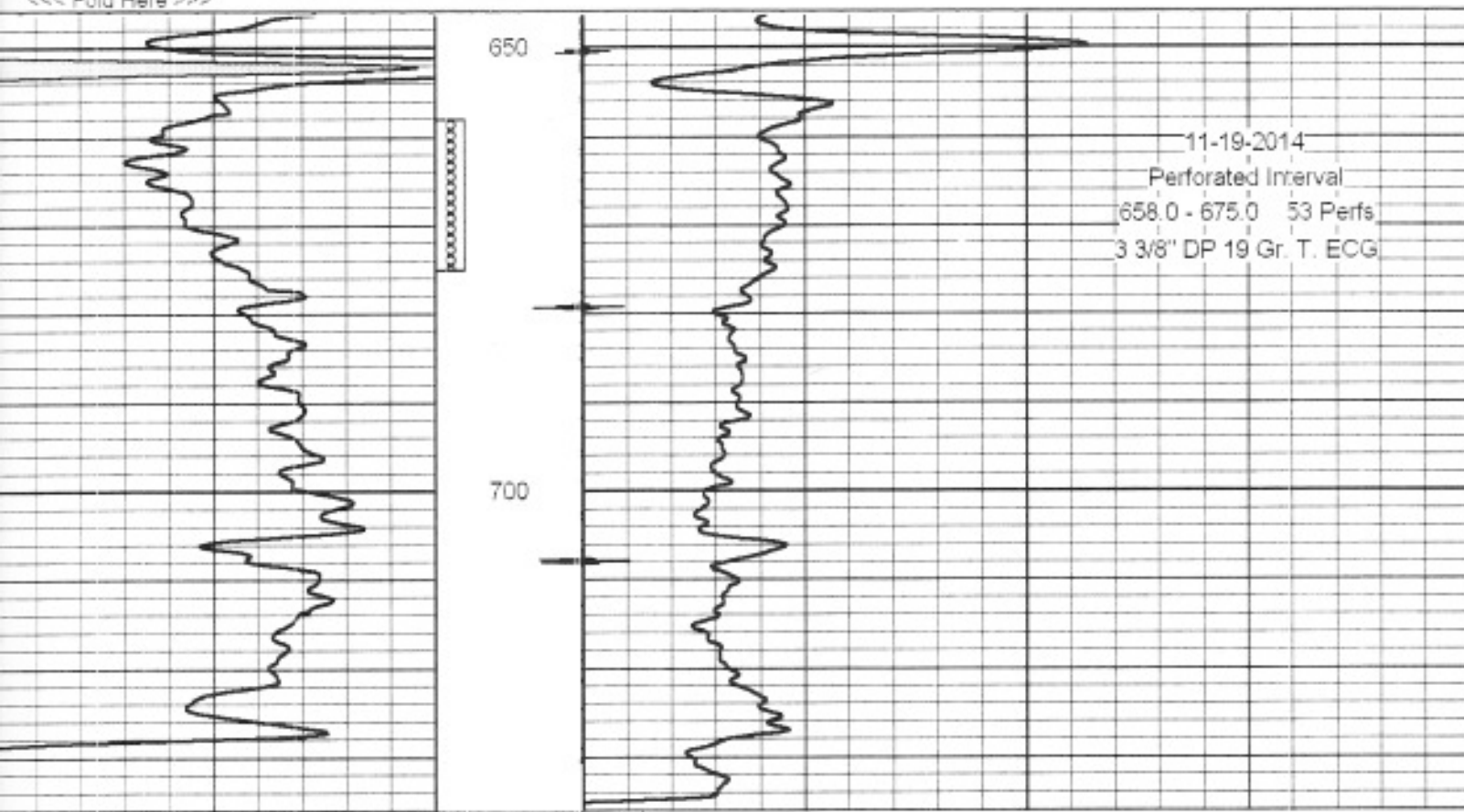
Location Osawatomie

Recorded By Steve Windisch

Witnessed By Jerid Hoehn

BORE-HOLE RECORD				CASING RECORD			
Run No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	12.25"	0.0	23.0	8.625"	23.0 #	0.0	23.0
Two	6.75"	23.0	760.0	4.50"	9.5 #	0.0	740.0

11-19-2014
 Perforated Interval
 658.0 - 675.0 53 Perfs
 3 3/8" DP 19 Gr. T. ECG



Gamma Ray (cps)

150

-1 OCL 1

>>> Fold Here >>>



MIDWEST SURVEYS
 LOGGING - PERFORATING - CONSULTING SERVICES
 P.O. Box 68, Osawatomie, KS 66064
 913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No. _____

Company **Fontus EOR, LLC**

Well **Robert Player No. Fontus-3**

Field **Paola - Rantoul**

County **Miami** State **Kansas**

Location **947' FNL & 2081' FWL**

NW-SE-NE-NW

Other Services **Perforate**

Sec. 13 Typ. 17s Rge. 21e

Permanent Datum **GL** Elevation **1042'**

Log Measured From **GL** K.B. NA

Drilling Measured From **GL** D.F. NA

Date **11-17-2014** Elevation **GL 1042'**

Run Number **One**

Depth Drier **790.0**

Depth Logger **798.0**

Bottom Logged Interval **795.0**

Top Log Interval **20.0**

Fluid Level **Full**

Type Fluid **Water**

Density / viscosity **NA**

Salinity - PPM Cl **NA**

Max. Recorded Temp **NA**

Estimated Cement Top **0.0**

Equipment No. **107** Location **Osawatomie**

Recorded By **Steve Mandrich**

Witnessed By **Jared Heekin**

BORE-HOLE RECORD				CASING RECORD			
RUN No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	12.25"	0.0	23.0	8.625"	23.0 #	0.0	23.0
Two	6.75"	23.0	790.0	4.50"	9.5 #	0.0	740.0

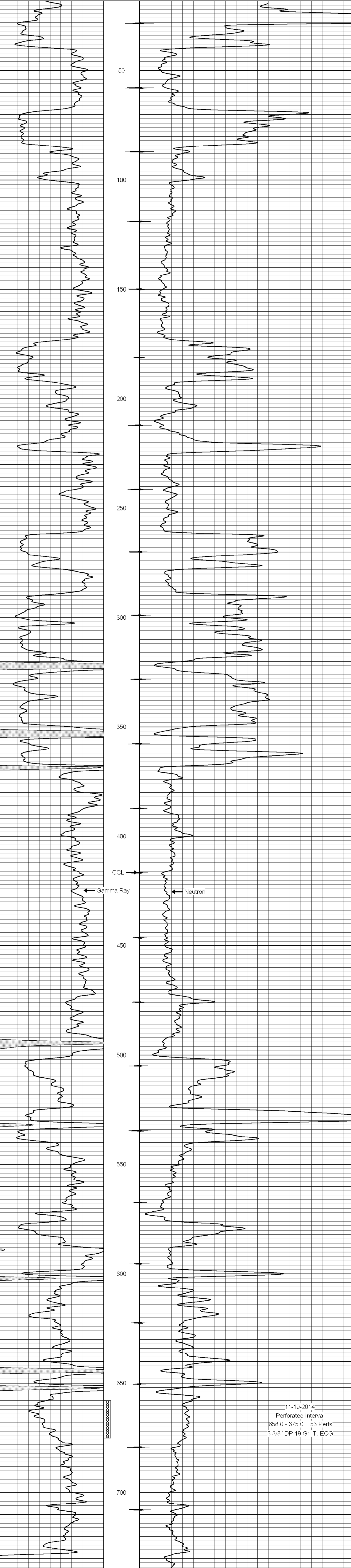
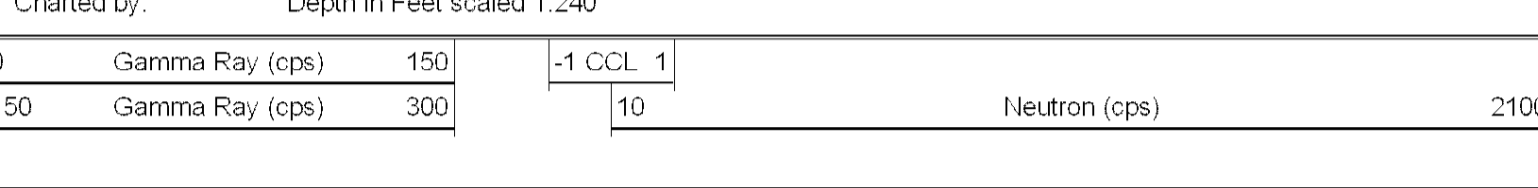
<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

Drilling Contractor :
Town Oilfield Services, Inc.

Database File: player r 3fontus.db
 Dataset Pathname: pass1
 Presentation Format: gr-n-ccl
 Dataset Creation: Mon Nov 17 15:39:21 2014 by Log SCH 111116
 Charted by: Depth in Feet scaled 1:240



11-19-2014
 Perforated Interval
 658.0 - 675.0 53 Perfs
 3 3/8" DP 19 Gr. T. ECG

