



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236918
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: _____

1236918

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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Form	ACO1 - Well Completion
Operator	C5 Energy LLC
Well Name	Sanders 02-36
Doc ID	1236918

Tops

Name	Top	Datum
DEER CREEK	17	1072
LECOMPTON	108	981
OREAD	262	961
DOUGLAS	427	827
IOLA	921	662
LITTLE SALT	994	168
BIG SALT	1169	-80
DRUM	1286	-197
REDD	1304	-215
LENAPAH	1472	-383
WAYSIDE	1480	-391
ALTAMONT	1537	-448

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	C-5 Energy	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section		Excess (%)	30
Customer Acct #		TWP		Density	14
Well No.	Sanders #2-36	RGE		Water Required	7.9
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	165
Zip Code		Drill Pipe		Slurry Volume	51 bbl
Contact		Casing Size	4 1/2"	Displacement	24.8
Email		Hole Size	6 3/4"	Displacement PSI	200-900
Cell		Casing Depth	1564.6'	MIX PSI	200
Dispatch Location	BARTLESVILLE	Hole Depth		Rate	4 bpm

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	1564	PER FOOT	\$0.23	\$ 359.72
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
EQUIPMENT TOTAL					\$ 2,027.72

Cement, Chemicals and Water					
1126	WC. CEMENT (CAL SEAL) 6%QWC, 2% CAL. CLORIDE 2% GE	165	0	\$19.75	\$ 3,258.75
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	1000	0	\$0.46	\$ 460.00
1111	GRANULATED SALT (50#) SELL BY #	1100	0	\$0.39	\$ 429.00
0			TOTAL	\$0.00	\$ 4,299.75
0			DISCOUNT	\$0.00	\$ (1,289.92)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Chemical Total					\$ 3,009.83

Cement Water Transports					
5501C	WATER TRANSPORT (CEMENT)	4	ATER TRANSPORT (CEME	\$120.00	\$ 480.00
5502C	80 BBL VACUUM TRUCK (CEMENT)	4	BL VACUUM TRUCK (CEM	\$100.00	\$ 400.00
0			0	\$0.00	\$ -
Transports Total					\$ 880.00

Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
4129	CENTRALIZER 4 1/2 "	4	PER UNIT	\$44.00	\$ 176.00
0			0	\$0.00	\$ -
Float Shoe					
4156	FLOAT SHOE 4 1/2" (FLAPPER)	1	PER UNIT	\$238.00	\$ 238.00
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
Downhole Tools					
0			0	\$0.00	\$ -

TRUCK#	DRIVER NAME				
577	Kirk Sanders				
398	James Ness				
887 T219	Jeff Fildes				
	Nunneley's TP				
	H2O Xpress 80 vac				

CEMENT FLOATING EQUIPMENT TOTAL		\$ 461.25
0	SUB TOTAL	\$ 6,378.80
8.15%	SALES TAX	\$ 282.89
	TOTAL	\$ 6,661.69
5%	(DISCOUNT)	\$ 318.94
DISCOUNTED TOTAL		\$ 6,342.75

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *Kirk Sanders*

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.



Hughes Lumber Co #6
 246 S. Osage
 918-534-1335
 Dewey, OK 74029

"Our promise is to lighten your load with dependable, responsive, knowledgeable, professional, and friendly service."

SOLD TO
 CASH SALE

SHIP TO
 CASH SALE



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER#	ORDER DATE	SLSMN	INVOICE#	INVOICE DATE
06CASHS			60162318	10/23/14	BLA6	60141332	10/23/14

ORDERED	B/C	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT
35	0	35	BAG	CEMENT PORTLAND 94 LBS PORT	10.740	375.90*

Warehouse : Hughes Lumber Co #6(6)

THE INVOICE TOTAL OF 407.85 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:

DESCRIPTION	REFERENCE/CHECK #	AUTH CODE	DATE	AMOUNT
CHECK	1850	00	10/23/14	391.57
CASH		00	10/23/14	16.28

INVOICE

Correct

October 23, 2014 10:48:15	OT:BLA6	LOADED BY	DRIVER	CHECKED BY	MERCHANDISE	375.90
SHIP VIA					OTHER	0.00
***** * INVOICE * *****					TAX	31.95
6 PAGE 1 OF 1					FUEL	0.00
X _____ CUSTOMER SIGNATURE					TOTAL Change:	0.00

REFUND POLICY: MERCHANDISE CAN BE RETURNED FOR CREDIT WITHIN 30 DAYS WHEN ACCOMPANIED BY THIS RECEIPT. MERCHANDISE MUST BE IN RESALEABLE CONDITION. WE CANNOT ACCEPT RETURNS FOR BROKEN CARTON QUANTITIES OF ANY ITEM.

CUSTOMER COPY