



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237073
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: _____



1237073

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Operator License # 35069
 Operator Kansas City Oil, LLC
 Address 9525 Lime Stone Road
 City Parkville, MO 64152
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 680
 T.D. of pipe 0
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-059-26683-00-00
 Lease Name Carman
 Well # 3
 Spud Date 5/14/2014
 Cement Date
 Location Sec 17 T 16 R 21
 1485 feet from S line
 2145 feet from E line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
9	dirt	0	9	
14	lime	9	23	
6	shale	23	29	
11	lime	29	40	
4	shale	40	44	
19	lime	44	63	
35	shale	63	98	
23	lime	98	121	
73	shale	121	194	
21	lime	194	215	
26	shale	215	241	
7	lime	241	248	
17	shale	248	265	
1	shale	265	266	tiny oil
9	shale	266	275	
5	lime	275	280	
8	shale	280	288	
2	lime	288	290	
15	shale	290	305	
20	lime	305	325	
9	shale	325	334	
23	lime	334	357	little oil
4	black shale	357	361	
11	lime	361	372	
48	shale	372	420	
15	sandy shale	420	435	
48	shale	435	483	
6	sand mix	483	489	tiny oil
34	shale	489	523	
11	lime	523	534	
12	shale	534	546	
6	sand	546	552	ok
25	shale	552	577	
10	mix	577	587	

10	shale	587	597	
5	lime	597	602	
40	shale	602	642	
1	top	642	643	ok
2	laminated	643	645	
2	laminated	645	647	
2	laminated	647	649	
3	laminated	649	652	
2	laminated	652	654	
2	laminated	654	656	
2	laminated	656	658	
2	laminated	658	660	
2	end	660	662	
18	shale	662	680	



PENNY'S

CONCRETE, INC.

23400 W. 82ND STREET

SHAWNEE MISSION, KANSAS 66227-2705

DISPATCH: (913) 441-4197 OFFICE (913) 441-8781

(800) 322-9710 (800) 524-6474



American Concrete Institute
Certifications

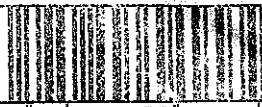


Certifications

KANSAS
DEPARTMENT OF TRANSPORTATION
Certifications

www.pennysconcrete.com
An Equal Opportunity Employer

PLANT	DATE	ACCOUNT	TRUCK	DRIVER NAME	TICKET #
08	06/30/2014	CODZ	0160	Joseph Tate	8044259
CUSTOMER NAME			ADDITIONAL DIRECTIONS AND/OR SPECIAL INSTRUCTIONS		
COD - BOWER OIL			PAID*** 68 WEST - UTAH RD NORTHWILL MEET YOU		
JOB ADDRESS			THERE AT UTAH RD & SAND CREEK RD 2: 7 SOUTH -		
SAND CREEK & UTAH RD			OLD56 WEST - CENTER ST SOUTH - 35 SOUTH -		
			EXIT 198/33 SOUTH - SANDCREEK RD WEST		



NOTE:
ALL DRIVERS MUST WEAR A HARD HAT, SAFETY GLASSES,
STEEL TOE BOOTS, AND SAFETY VEST ON EVERY JOB!

ORDER #	PO#	PROJECT CODES	JOB#	APPLICATION	PREVIOUS TRUCK	SLUMP	
21		CREDITCARD			145	10	
QTY.	UNIT	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
4.50	CYDS	SLURRY	SLURRY - 7 GALLONS	9.00	9.00	\$306.00	1,377.00
1.50	ea	SLC	SHORT LOAD CHARGE	3.00	3.00	\$18.00	\$27.00
1.00	ea	FUELINV	FUEL SURCHARGE - PER LOAD	0.00		\$8.20	\$8.20

SUBTOTAL \$1,412.20
 TAX \$122.16
 TOTAL \$1,534.36
 GRAND TOTAL \$3,068.72

LEAVE PLANT	ARRIVE JOB	START UNLOAD	FINISH UNLOAD
LEAVE JOB	ARRIVE PLANT	TEST CYLINDERS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BEFORE H2O ADDED <input type="checkbox"/> YES <input type="checkbox"/> NO

PURCHASER OR HIS AUTHORIZED REPRESENTATIVE ACCEPTS RECEIPT OF THIS LOAD OF MATERIAL AND HAS INSTRUCTED THE DRIVER TO ADD WATER AS FOLLOWS: yds gal yds gal yds gal yds gal

CAUTION! Cement powder or freshly mixed concrete, grout or mortar may cause skin injury. Avoid contact with skin and wash exposed areas promptly with water. If any cement powder or mixture gets into the eyes, rinse immediately and repeatedly with water, and get prompt medical attention. Keep children away from all freshly mixed cement products. MSDS on reverse side.

DELIVERY AGREEMENT: This purchase agreement is for delivery to the curb line. In the event Purchaser requests delivery beyond the curb line, the Purchaser hereby assumes liability for damages to sidewalks, driveways all other property, and personal injury. Purchaser hereby agrees to indemnify and hold the Seller harmless against all liability, loss or expense incurred as the result of such delivery. If ground conditions beyond the curb line are inadequate for heavy truck travel, and as a result of this condition the truck requires towing, towing will be at the customer's expense.

PRODUCT PERFORMANCE: All concrete sold on a basis of compressive strength, air-entrainment, slump, temperature, density and or yield must be sampled at the mixer truck discharge in accordance to ASTM C172 and tested according to the applicable ASTM testing standards. Compressive strength: ASTM C31 & ASTM C39; air content: ASTM C231 or ASTM C173; Slump: ASTM C143; Temperature: ASTM C1064; density and or yield: ASTM C138. Slump and air-entrainment variances in accordance to ASTM C94 are applicable. Unless identified in writing, no other condition of sale shall apply. Customer assumes all responsibility for the placement, consolidation, curing, and protection of all concrete after delivery to the curb line. The placement, consolidation, curing, and protection of all concrete can greatly affect its performance. The seller is not responsible for any product performance after placement is made by the customer.

ADDITIONAL INFORMATION: Ambient conditions may produce rapid evaporation of moisture from the concrete surface. As a result, plastic shrinkage cracking may occur. Precautions should be taken. Drying shrinkage is an inherent, unavoidable property of concrete and precautions should be taken to minimize random cracking. Control joints must be properly constructed with reference to location, spacing, depth and timing. Materials hereby sold become property of purchaser at point of origin. The purchaser shall in no event accept deliveries of materials not in accord with the agreement of the parties, but such materials shall be refused by the purchaser and returned to the seller with a written statement of the reason for the refusal thereof. No cancellation accepted after concrete has been batched.

RECEIVED IN GOOD CONDITION BY

PRINTED NAME _____ TITLE _____

X
CUSTOMER SIGNATURE
NO WARRANTY IMPLIED OR EXPRESSED ON PRODUCT