



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237312
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: _____



1237312

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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Scale: 5" / 100'
Measured Depth Log

Well Name Brown #13

Location 2037' FSL & 1970' FEL

State Kansas

County Cowley

Country USA

Rig Number Gulick Drilling Rig 1

API Number 15-035-24,594-00-00

Region Midcon

Field Albright

Spud Date 8/18/2014

Drilling Completed 8/23/2014

Bottom Hole Coordinates Vertical Test

Ground Elevation 1270'

K.B. Elevation 1278'

Logged Interval 2400' To 3503'

Total Depth 3503' RTD

Formation Mississippian

Type of Drilling Fluid Chemical

Operator

Company W.D. Short Oil Company

Address 126 South River Rd
Oxford, Kansas

Geologist

Name Daniel T. Johnson

Company Consulting Geologist/ Gas Detection System

Address 19749 121st Rd
Winfield, Kansas 67156
620-229-3258
daniel.johnson328@gmail.com



Other

Casing: 85/8" set at 214'
5 1/2" set at 3495'

Summary Production casing was set to further test the Lower Mississippian carbonates.

E logs: Pioneer Wireline Services
CDL/CPL,DIL,MEL,CSL,Fracfinder

Rock Types

 LIMESTONE
 DOLOMITE

 CHERT
 COAL

 SHALE GRAY
 SHALE COLORED




 SANDSTONE

Accessories

Minerals

- ARGILLACEOUS
- ⊥ CALCAREOUS
- ∟ DOLOMITIC
- ∨ GLAUCONITE
- ∧ SILICEOUS

Stringer

-  DOLOMITE STRINGER
-  MARLSTONE (CALC) STRG
-  SANDSTONE STRINGER

Other Symbols

Engineering

-  OIL SHOW

Porosity

- F FRACTURE
- × INTERCRYSTALLINE
- ∩ MOLDIC
- ∨ VUGGY

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **1653**
 Foreman Rick Ladford
 Camp Eureka Ks

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-24-14	1019	Brown #13	2	34S	5E	Cowley	Ks
Customer			Unit #	Driver		Unit #	Driver
W.O. Short Oil Co.			105	Shannon F			
Mailing Address			113	Jacy V.			
P.O. Box 727			141	Chris B			
City	State	Zip Code					
Oxford	Ks	67119					

Job Type LIS Hole Depth 3503' Slurry Vol. 43 Bbl Tubing _____
 Casing Depth 3501' Hole Size 7 7/8" Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 5 1/2" 15.25 Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 85 Bbl Displacement PSI 1050 Bump Plug to 1550 BPM _____

Remarks: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 5 Bbl fresh water
Pump 100# caustic soda pre-flush w/ 12 Bbl water, 10 Bbl water spacer. Mixed 130 sacks thickset
cement w/ 5" Hal-seal/yr + 1" phos-seal/yr @ 13.7# gal washout pump d lines, release latch down
plug. Displace w/ 85 Bbl fresh water. Final pump pressure 1050 PSI. Bump plug to 1550 PSI.
Release pressure, float & plug held. Good circulation @ all times while cementing. Job complete.
Rig down

THANK YOU

cont - 1, 2, 4, 5, 7, 9, 14, 15, 20, 25
 back - 3, 8

Code	Qty or Units	Description of Product or Services	Unit Price	Total	
C102	1	Pump Charge	1050.00	1050.00	
C102	90	Mileage	3.95	316.00	
C201	130 sacks	thickset cement	19.50	2535.00	
C207	650#	5" Hal-seal/yr	.45	292.50	
C208	130#	1" phos-seal/yr	1.25	162.50	
C217	100#	caustic soda pre-flush	1.60	160.00	
C1996	7.15	700 mileage bulk dr	1.35	772.20	
C113	6 hrs	80 Bbl VAC TRX	85.00	510.00	
C224	3360 gals	city water	10.00/1350	33.00	
C421	1	5 1/2" latch down plug	230.00	230.00	
C504	10	5 1/2" x 7 7/8" centralizers	48.00	480.00	
C604	2	5 1/2" baskets	225.00	450.00	
C601	1	5 1/2" Guide Shoe	167.00	167.00	
C703	1	5 1/2" API flapper valve insert	145.00	145.00	
		Subtotal		7303.20	
		Sales Tax		297.92	
Authorization	<u>Witnessed by Mike Stafford</u>	Title	<u>Elite Customer Only</u>	Total	<u>7601.12</u>

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **1635**
 Foreman Steve Neal
 Camp Eureka

NPI 15-C35-24594

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-19-14	1019	Brown #13	2	345	E	Cowley	KS
Customer			Unit #		Driver		Unit #
W.D. Short Oil Co.			105		Shannon		
Mailing Address			112		Joy		
P.O. Box 729							
City			State		Zip Code		
Oxford			KS		67119		

Job Type Surface Hole Depth 215' Slurry Vol. _____ Tubing _____
 Casing Depth 215' Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 8 5/8 23# Cement Left in Casing 15' Water Gal/SK _____ Other _____
 Displacement 12 3/4 Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Rig up to 8' casing. Break circulation w/ Fr sh water. Pump 5 bbls ahead. Mix 120 SKs Class A cement w/ 3% Cocpe, 2% Gel 1/2" Flt Seal. Displace w/ 12 3/4 bbls Fresh water. Shut within. Good cement. Return to surface. 12 bbl top off. Job complete. Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge		
C107	90	Mileage	840.00	840.00
			3.95	316.00
C200	120 SKs	Class A Cement	15.00	1800.00
C205	335 #	3% Cocpe	.60	201.00
C206	225 #	2% Gel	.20	45.00
C209	30 #	1/2" Flt Seal	2.25	67.50
C108B	5.241	Ton Mileage Bulk Truck	1.35	609.12
			Subtotal	3978.62
			Sales Tax	135.26
Authorization <u>Called by Ron Gulick</u> Title <u>Tool pusher</u>			Total	4113.88

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