



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237837
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: _____



1237837

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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27/208

TICKET NUMBER 48213
 LOCATION _____
 FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.19.14	4740	Farree # A-4	SE 28	24	16	WD
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
V. J. Oil LLC			712	Frc Mad	548	DamWka
MAILING ADDRESS			495	Nav Bee		
205 N. Castle			675	Kei Det		
CITY	STATE	ZIP CODE	558	Briviv		
Paola	KS	66071				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 900 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 987 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.23.00 DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100% Gel Flush. Pump 9 1/2 BBL Teal color dye. Mix Pump 87 SKS 50/50 Por Mix Cement 6% Gel. Follow w/ 35 SKS OWC Cement Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800+ PSI. Release pressure to set float valve. Skut in casing.

J Heis Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	60 mi	MILEAGE	495	252 ⁰⁰
5402	987	Casing Footage		NK
5407	Minimum	Tax Miles	558	368 ⁰⁰
5407	Minimum	Tax Miles	548	368 ⁰⁰
5502C	3 hrs	80 BBL Vac Truck	675	300 ⁰⁰
1124	87 SKS	50/50 Por Mix Cement	1000 ⁵⁰	
1120	35 SKS	OWC Cement	691 ³⁵	
118B	539 ⁵⁰	Premium Gel Material	118 ⁵⁰	
		Less 20%	-543 ¹⁰	
		Total		1267 ²³
4402	1	2 1/2" Rubber plug		29 ⁵⁰
			4344.38	
			7.15%	SALES TAX 92 ⁷²
				ESTIMATED TOTAL 3762 ⁴⁵

Revin 3797 AUTHORIZATION Vicki 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.

Operator License #: 5983	API #: 15-207-29050-00-00
Operator: Victor J. Leis	Lease: Ferree
Address: PO Box 223 Yates Center, KS 66783	Well #: A-4
Phone: 913.285.0127	Spud Date: 09-17-14 Completed: 09-19-14
Contractor License: 34036	Location: SE-NE-NE-SE of 28-24-16E
T.D. : 991 T.D. of Pipe: 989	2145 Feet From South
Surface Pipe Size: 7" Depth: 42'	165 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
18	Soil and Clay	0	18	5	Shale	912	917
91	Shale	18	109	2	Black Shale	917	919
26	Lime	109	135	2	Lime	919	921
5	Shale	135	140	5	Shale	921	926
21	Lime	140	161	9	Oil Sand	926	935
23	Shale	161	184	26	Shale	935	961
208	Lime	184	392	1	Lime	961	962
53	Shale	392	445	3	Shale	962	965
71	Lime	445	516	1	Lime	965	966
6	Shale/Black Shale	516	522	25	Shale	966	991
26	Lime	522	548				
3	Black Shale	548	551				
26	Lime	551	575				
165	Shale	575	740				
4	Lime	740	744				
24	Shale	744	768				
11	Lime	768	779				
61	Shale	779	840		T.D.		991
5	Lime	840	845		T.D. of pipe		989
11	Shale	845	856				
5	Lime	856	861				
9	Shale	861	870				
3	Lime	870	873				
13	Shale	873	886				
7	Lime	886	893				
2	Shale	893	895				
2	Lime	895	897				
8	Shale	897	905				
7	Lime	905	912				