



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237842
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: _____



1237842

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License #: 5983	API #: 15-207-29051-00-00
Operator: Victor J. Leis	Lease: Ferree
Address: PO Box 223 Yates Center, KS 66783	Well #: A-5
Phone: 913.285.0127	Spud Date: 09-19-14 Completed: 09-22-14
Contractor License: 34036	Location: NE-SE-NE-SE of 28-24-16E
T.D. : 1006 T.D. of Pipe: 1003	1815 Feet From South
Surface Pipe Size: 7" Depth: 42'	165 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
20	Soil and Clay	0	20	5	Lime	907	912
87	Shale	20	107	4	Shale	912	916
49	Lime	107	156	2	Black Shale	916	918
25	Shale	156	181	1	Lime	918	919
198	Lime	181	379	6	Shale	919	925
10	Shale	379	389	9	Oil Sand	925	934
2	Lime	389	391	33	Shale	934	967
53	Shale	391	444	1	Lime	967	968
70	Lime	444	514	3	Shale	968	971
5	Shale/Black Shale	514	519	1	Lime	971	972
28	Lime	519	547	34	Sandy Shale	972	1006
3	Black Shale	547	550				
23	Lime	550	573				
166	Shale	573	739				
3	Lime	739	742				
22	Shale	742	764				
10	Lime	764	774				
39	Shale	774	813		T.D.		1006
4	Lime	813	817		T.D. of pipe		1003
22	Shale	817	839				
4	Lime	839	843				
15	Shale	843	858				
4	Lime	858	862				
7	Shale	862	869				
4	Lime	869	873				
2	Black Shale	873	875				
12	Shale	875	887				
4	Lime	887	891				
16	Shale	891	907				



CONSOLIDATED
Oil Well Services, LLC

271411

TICKET NUMBER 48214
LOCATION Ottawa KS
FOREMAN Fred Madar

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
9/23/14	4740	Ferrico # A5	SE 28	24	16	WD
CUSTOMER V J Oil						
MAILING ADDRESS 205 Castle			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Paola			712	Fred Mad	558	Bob Bar
STATE KS			495	Har Bar		
ZIP CODE 66071			675	Ken Det		
			548	Dan Wika		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1007 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 1003 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
DISPLACEMENT 5.83 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100'
Gel flush. Pump 10 BBL Yellow dye. Mix Pump 5ks
50/50 Per Mix Cement 6% Gel. Follow w/ 35 sks o/w cement.
Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing
TD. Pressure to 800' PSI. Release pressure to set float
Value. Shut in casing.

Leis Drilling. Matt.

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	495.00
5406	60 mi	MILEAGE	495	29700.00
5402	1003	Casing footage		N/C
5407	245.64	Ton Miles	548	134608.32
5407	108.15	Ton Miles	558	60146.70
5502C	2 hrs	80 BBL Vac Truck	675	1350.00
1124	92 sks	50/50 Per Mix Cement	1058.00	97336.00
1126	35 sks	O/W Cement	651.25	22793.75
1118B	564#	Premium Gel	124.00	69936.00
		Material	1873.25	
		Less 30%	-561.97	
		total	1311.28	1311.28
4402	1	2 1/2" Rubber Plug		295.00
			4074.72	
			715.00	
		SALES TAX		95.87
		ESTIMATED TOTAL		34725.77

Revin 5737
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.