



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237904
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: _____



1237904

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)*

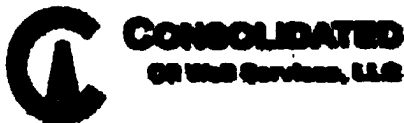
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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271820

TICKET NUMBER 50501
 LOCATION Ottawa KS
 FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
 620-431-8210 or 800-487-9678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-14	5353	Tannahill # T-6	6W 4	24	16	WD
CUSTOMER Midway Oil Co			TRUCK #			
MAILING ADDRESS 227 W Maple St.			DRIVER			
CITY Columbus			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66772			TRUCK #			
			DRIVER			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1117 CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 1110 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/wk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 6.45 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold safety meeting. Establish pump radi. 4 1/2 mi Pump 100' Gal Flush. Pump 11 BBL Tannahill dye. Mix + Pump 89 sks 50/50 Por Mix Cement 6 1/2 Gal. Follow w/ 35 sks DWC Cement. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800 PSI. Monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

Waco Drilling - Rig #2 Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1055.00 ✓
5406	60 mi	MILEAGE	495	29700.00 ✓
5402	1110	Casing footage		N/C ✓
5407	Minimum	Tax Miles	510	368.00 ✓
5407	Minimum	Tax Miles	548	368.00 ✓
5502	4 hrs	90 BBL Vac Truck	675	400.00 ✓
1124	89 sks	50/50 Por Mix Cement	1023.50	91081.50 ✓
1126	35 sks	DWC Cement	169.25	5923.75 ✓
1188	250 lb	Premium Gal	55.00	13773.75 ✓
		Material	1767.75	12388.50 ✓
		less 30%	530.25	12388.50 ✓
		Tax		292.00 ✓
4402	1	2 1/2" Rubber Plug		4400.90 ✓
			7.15%	SALES TAX 90.00 ✓
				ESTIMATED TOTAL 3832.00 ✓

Auth 5787 OK'd J Green AUTHORIZATION No Co Rep on Site 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 to

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983	API # 15-207-29066-00-00
Operator: Victor J Leis	Lease: Tannahill
Address: PO Box 223	Well # I-6
Phone: 785-313-2567	Spud Date: 10/6/14 Completed: 10/7/14
Contractor License: 33900	Location: Sec: 4 TWP: 24 R: 16
T.D. 1117 Bite Size: 5 7/8	980 feet from North line
Surface Pipe Size: 8 5/8 Surface Depth: 40 ft.	2360 feet from East line
Kind of Well: Enh Rec	County: Woodson

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Lime	1039	1041
Clay	5	7	Broken Oil Sand	1041	1044
Lime	7	8	Pure Oil Sand	1044	1055
Shale	8	171	Broken Oil Sand	1055	1059
Lime	171	173	Shale	1059	1117
Shale	173	189			
Lime	189	206			
Shale	206	214			
Lime	214	246			
Shale	246	274			
Lime	274	452			
Shale	452	481			
Lime	481	489			
Shale	489	522			
Lime	522	657			
Shale	657	818	T.D. 1117		
Lime	818	823			
Shale	823	843			
Lime	843	852			
Shale	852	855			
Weiser Sand	855	865			
Shale	865	912			
Lime	912	918			
Shale	918	926			
Lime	926	933			
Shale	933	962			
Lime	962	970			
Shale	970	981			
Lime	981	989			
Shale	989	998			
Lime	998	999			
Shale	999	1002			
Broken Sand	1002	1005			
Shale	1005	1039			