

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1237909

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 #			API No. 15					
Name:			Spot Description:					
Address 1:			Sec	TwpS. R				
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section				
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section				
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:				
Phone: ()			□ NE □ NW	□ SE □ SW				
CONTRACTOR: License #			GPS Location: Lat:	, Long:				
Name:				. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:			Datum: NAD27 NAD27					
Purchaser:			County:					
Designate Type of Completion:			Lease Name: Well #:					
New Well Re-	·Fntrv	Workover	Field Name:					
	_		Producing Formation:					
☐ Oil ☐ WSW	SWD		SIOW Elevation: Ground: Kelly Bushing:					
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:				
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet				
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co					
If Workover/Re-entry: Old Well Inf				Feet				
Operator:				nent circulated from:				
Well Name:			, ,	w/sx cmt.				
Original Comp. Date:			loot doparto.	W,				
	_	NHR Conv. to SWD						
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the					
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls				
Dual Completion	Permit #:		Dewatering method used:					
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:				
☐ ENHR	Permit #:		On and an Name					
GSW	Permit #:							
				License #:				
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R				
Recompletion Date		Recompletion Date	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:						

Page Two



Operator Name:			L	ease Name: _			Well #:		
Sec Twp	S. R	East We	est C	County:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,	
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taker (Attach Additional		Yes [No	L	_	on (Top), Depth an		Sample	
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run		Yes Yes	No No						
List All E. Logs Run:									
		(CASING REC	ORD Ne	ew Used				
		· ·		ıctor, surface, inte	ermediate, producti	1		I	
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	
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cem	ent #	# Sacks Used Type and Percent Additives					
Perforate Protect Casing	100 20111111				-				
Plug Back TD Plug Off Zone									
1 lag on zono									
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)	
Does the volume of the to		•				_ ` ` '	p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot PERFORATION RECORD - Bridge Specify Footage of Each Interval					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
	, ,	<u> </u>			,				
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:				
						Yes No			
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity	
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PPODUOTIO	ON INTERVAL.	
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)			

WoCo Drilling LLC 1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983		API # 15-207-29060-00-00				
Operator: Victor J Leis		Lease: Tannahill				
Address: PO Box 223		Well # I-1				
Phone: 785-313-2567		Spud Date: 9-25-14	Completed: 9-26-14			
Contractor License: 33900		Location: Sec: 33	TWP: 23	R: 16		
T.D. 1122	Bite Size: 5 7/8	170 ft. from south line				
Surface Pipe Size: 8 5/8	Surface Depth: 43 ft.	1980 ft	. from east line			
Kind of Well: Enh Rec		County: Woodson				

Drilling Log

Strata	From	То	Strata	From	То
Soil	0	4	Broken Sand	1047	1050
Clay	4	11	Oil Sand	1050	1062
Lime	11	15	Broken Sand	1062	1067
Shale	15	180	Shaley Sand	1067	1122
Lime	180	260			
Shale	260	279			
Lime	279	412			
Shale	412	429			
White Soft Lime	429	465			
Shale	465	490			
Lime	490	495			J. 10 10
Shale	495	536			
Lime	536	660			
Shale	660	823			
Lime	823	824			
Shale	824	836	T.D. 1122 ft.		
Lime	836	838			
Shale	838	849			
Lime	849	857			
Shale	857	916			
Lime	916	918			
Shale	918	924			
Lime	924	933			
Shale	933	947			
Lime	947	955			
Shale	955	963			
Lime	963	970			
Shale	970	976			
Lime	976	987			
Shale	987	1008			
Cap Rock	1008	1010			
Broken Sand	1010	1015			
Shale	1015	1041			
Cap Rock	1041	1042			77
Shale	1042	1045			
Cap Rock	1045	1047			



TICKET NUMBER LOCATION Oxtowa KS FOREMAN Fred Ma

PO Box 884, Chanute, KS 65720

AUTHORIZTION_

FIELD TICKET & TREATMENT REPORT

620-431-9210 d	r 800-467-8676			CEMEN	T_			
DATE	CUSTOMER#	_	NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
9/21/14	5353	Tanna	will #I-	1	8w 33	23	16	WOLD
CUSTOMER '	luan Di	1.			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS &				7/2	Fre Mad	452-7108	Beckel
227	wma	Dle St			495	Har Bac		
CITY		STATE	ZIP CODE		543	mik Fox		
Colum	2001	KS	66725		510	Dus Web		
JOB TYPE_	eg stebe	HOLE SIZE	548	HOLE DEPTH	1/33	Casing Size & W	EIGHT 2 %	EUF
CASING DEPTH		DRILL PIPE		TUBING			OTHER	1 1
SLURRY WEIGH	4 2 2 4	SLURRY VOL_		WATER galls	k	CEMENT LEFT in		Ply
DISPLACEMENT	6.47BOL	DISPLACEMENT		MIX PSI		RATE_STA		
REMARKS: H	Jed Safes	de meet		lish ci	rev lexion	Mix + Yum		4 (1
<u> </u>	Pump	IL BAL		er ala	Mixt	4 - 0 W	3 F6 50	(57) PR
	Knimal	670 CH		allow.	m/ 355	Rubbac A	lue to	
Fluc	- pump	* 1mes		Displace 800 ×	74		essure	£00
300	NEW W	Proce	lease (Value.	
Shu			TEGRET	// L 3 3 U		7 (99-1	144.021	
	, ,,	11-17				1		
W	100 Dr	illing	Ris *2			Free)	Made	
		<i>d</i>	ਚ			,		
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5401		1	PUMP CHARG	E		495		10854
5404		60 mi	MILEAGE			.495		325
5402		לו	Casi	ng foot	oce			LI le
5407E	ららら	AUM	Ton	Wilos		510		368€
550/C		28 hrs	Tran	s part		452-T103		30000
5407	MM	run	Ton	Miles		503		36800
1124		945Ks	50/50	Por Mi	x Count		10810	
1126		365K5		Cem	<u> </u>	. 	69,25	
1118		5744	Prem	irm G			1263	
				//lax	erial		189853	
					5 38%		- 56954	
			4.4	70	*el			132882
4402			7/2"/	20 bbar	Plus	<u> </u>		2793
								
							438 88	
			-	Contraction Col			13.46	
				<u>7</u>] [<u>Mariolus</u>	71570	SALES TAX	974
Ravin 3737	I <u>. </u>		<u></u>				ESTMATED	382860
	7			TITLE			TOTAL	

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.

TITLE_