



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237915
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: _____



1237915

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

271572

TICKET NUMBER 48268

LOCATION Ottawa KS

FOREMAN Fred Mad

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8878

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-30-14	5353	Tanna hills # I-2	SW 33	23	16	Wb
CUSTOMER Midway Oil Co.			TRUCK #			
MAILING ADDRESS 227 W Maple St			DRIVER		TRUCK #	
CITY Columbus			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66725			DRIVER		TRUCK #	

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Long string	6 3/4	1125	2 7/8 Euf
CASING DEPTH	DRILL PIPE	TUBING	OTHER
1118			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
			2 1/2" Plug
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
6.5 BBL			50 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump 100* Gel Flush Pump 11 BBL Tall talk dye. Mix Pump 50/50 Per Mix Cement 60* Gel. Follow w/ 35sks OWC 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.

Wagon Drilling, Rig #2

Fred Mad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	60	MILEAGE	495	297 ⁰⁰
5402	1118	Casing footage		N/C
5407A	1/2 Minimum	Ten Miles	510	184 ⁰⁰
5407A	272.34	Ten Miles	558	384 ⁰⁰
5502C	2 1/2 hrs	90 BBL Vac Truck	675	250 ⁰⁰
1124	1023ks	50/50 Per Mix Cement	1123 ⁰⁰	
1126	353ks	owc Cement	691 ²⁵	
118B	614 ⁰⁰	Premium Gel	135 ⁰⁰	
		Material	1999 ⁰⁰	
		Less 30%	-599 ⁰⁰	
		Total		1399 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
		<input checked="" type="checkbox"/> completed	4328.89	
			7450	
		SALES TAX		102 ¹³
		ESTIMATED TOTAL		3686 ⁰⁰

Revin 3737

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.

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983		API # 15-207-29062-00-00	
Operator: Victor J Leis		Lease: Tannahill	
Address: PO Box 223		Well # I-2	
Phone: 785-313-2567		Spud Date: 9/26/14	Completed: 9/27/14
Contractor License: 33900		Location: Sec: 33	TWP: 23 R: 16
T.D. 1125	Bite Size: 5 7/8	560 ft. from south line	
Surface Pipe Size: 8 5/8	Surface Depth: 43 ft.	1175 ft. east line	
Kind of Well: Enh Rec		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Broken Oil Sand	1058	1062
Clay	4	9	Shaley Sand	1062	1066
Lime	9	13	Shale	1066	1125
Shale	13	177			
Lime	177	180			
Shale	180	195			
Lime	195	256			
Shale	256	275			
Lime	275	503			
Shale	503	524			
Lime	524	659			
Shale	659	820			
Lime	820	824			
Shale	824	837			
Lime	837	840	T.D. 1125		
Shale	840	850	Pipe Tally 1118		
Lime	850	857			
Shale	857	915			
Lime	915	919			
Shale	919	921			
Lime	921	930			
Shale	930	944			
Lime	944	952			
Shale	952	980			
Lime	980	985			
Shale	985	992			
Cap Rock	992	993			
Shale	993	1006			
Oil Sand	1006	1012			
Shaley Sand	1012	1038			
1 st Lime Cap	1038	1039			
Shale	1039	1045			
2 nd Lime Cap	1045	1046			
Pure Oil Sand	1046	1058			