

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1238796

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:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
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 #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:							

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an		Samp	
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Datur	n
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
				RECORD	☐ Ne					
				conductor, su	rface, inte	ermediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and P Additiv	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks Used Type and Percent Additives						
Perforate Protect Casing	35p 2310111									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)	(# 100 t)	
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cement			Depth
	. ,							,		
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	Gr	ravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL:	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIV IIV I LTIVAL.	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)			

LEASE NAME LARRYSMATT OPERATOR Utahoul
WELL = KOB LOCATION: Fantoul
SURFACE PIPE: 7" F1 23'9 Cement(=bays) 5
PRODUCTION: PIPE: USED SIZE: 2718 =E1 750

SHARI DALL: 1 AUSI 4 API = 15-059- 26498

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
9	501		9	12	Line		463
9	Lime	·	. 18	13	Shale		476
24	Shale		42	4	gray Sa	~9	480
3	graySar	C)	45	20	Shale		500
66	Shale		111	2	Coal		902
1	Lime		112	4	Thale		506 511
	Thale		[13	5	Lime		5/1
15	Line		128	ĺ	Shule		212
15	Thale		143	2	Lime		514
3	Lime		146	11,	Shale		525
10	Thale		156	2	Lime		527
3	Line		159	7	Shale		534
39	Shale		198	5	Coal		536 538
	Lime		302	3	Shale		54/6
10	Shale		211	Ø	Line		547
14	Lime		215	1	Lime	oil Show Soft oil Show Hard	550
10	Shale		225	3	Lime/cog/	oil Thow Joft	553
Ч	Lime		229	3	CI /CIR	61 Thow Hard	553 554
9	Shale		931		Shale	6 5 5d 800	558
6	Lime		237	4	Shale	Some Sand 5% Bleed	560
	Shale		238	2	DIONE	50% appo Blees 75% Shale & Fee	562
11	Line		249	4	Broken	12 10 Shall Bleed	566
	Shale		250		Shale		610
2	Lime	2 3 6 1	253 259	44	Shale	50% Li Hesmeli Br	
6	Shale	aff Coal	250	1			: / h .
aa	Lime		280	7	oil Sand	. 11	
6	Shale		286	a	oil Sanc	JUST JESON	618
4	Lime		292	31	NI OILEI	W. Show	649
8	Shale	Vee	300	3	Coal		649
0	Lime	KCB	407	8	5hale		160
107	Shale		401	0	Lime		661
7 22	graysa	ال	436	6	Shall		1067
	Shale	C ()	446		Coal		671
10	Lime	Soft	951	8	Shale		679
5	Shale		16	V	Inale	1	-14-1

LEASE NAME	Ol-	PERATOR		STAR (DATE:
WILL - KO-13	LOCATION	\:		API =
SURFACE PIPE:	. It	Cement(#bag		
PRODUCTION:	PIPE:	SIZE:	={: [

Thickness	Formation	Comment	Deptn	Tnickness	Formation	Comment	Depth
1	Broken	75% 5 - 3 9 613	680				
g	oilSand	great Bleed	682		* All Andrews of Tolkholm		
1	Broken	50% great Bleed	683		A 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11		
9	oilSand	great Bleed	692				
2	Broken	90% SanJartold	694	W You			
5	oilsand	great BB	699				
3	Shale		702				
60	Shale	TD Some Sand	762				
		Noshow	de la companya de la				
	core	682-702 +					and the state of t
	~5-7						
×	695-6	97.5 Vent	ical	trac-	tured	*	
		30.12 Bath	Ple				
		0					
		Konnie					*

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Nel .						***	



REALT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346

MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

Page

Houston, TX 77210-4346

INVOICE Invoice # 270271 Invoice Date: 08/18/2014 Terms: 0/30/10, n/30

KINGMAN OIL LLC 2394 UTAH ROAD RANTOUL KS 66079 (785)214 - 9472

L SPRATT KO-13 48015 08/05/2014 NW29-17-21 KS

=======================================	=======================================	========	===	
Part Number 1124 1118B 1107A 4402	Description PREMIUM GEL / BENTONITE PHENOSEAL (M) 40# BAG) 2 1/2" RUBBER PLUG	Qty 106.00 278.00 53.00 1.00	Unit Price 11.5000 .2200 1.3500 29.5000	Total 1219.00 61.16 71.55 29.50
Sublet Performed 9996-120	Description CEMENT MATERIAL DISCOUNT			Total -405.51
Description 495 CEMENT PUMP 495 EQUIPMENT MILE 495 CASING FOOTAGE 495 MIN. BULK DELI 495 80 BBL VACUUM	VERY	Hours 1 1.00 15.00 750.00 1.00 1.50	Unit Price 1085.00 4.20 .00 368.00 100.00	Total 1085.00 63.00 .00 368.00 150.00



Amount Due 3152.87 if paid after 08/28/2014

1381.21 Freight: Parts: .00 Tax: 74.64 AR 2716.34 Labor: .00 Misc: .00 Total: 2716.34 Sublt: -405.51 Supplies: .00 Change:

Signed

Date



270271

TICKET NUMBER LOCATION OX FOREMAN Fred Mad

> ESTIMATED TOTAL

DATE

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

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

	000-407-0070		1004373037758		MENT				
DATE	CUSTOMER#	WELL NAM				SECTION	TOWNSHIP	RANGE	COUNTY
SV5.14 CUSTOMER	4542 4	Sprate	* K	0.1	3 1	W 29	17	21	FR
1/-	aman O	:1				TRUCK#	DRIVER		
IAILING ADDRE	V					7/2	Fre Mad	TRUCK #	DRIVER
235	74 Utah	Rd				455	HarBac		-
ITY	SIA		CODE	1		369	Millian		
Kant		LS 6	6079			510	Due Wab		
	HOL MARTER			HOLE I	DEPTH	762	CASING SIZE & 1	NEIGHT 37	6UE
ASING DEPTH_		LPIPE BOY	Flos	JUBING	G @ 7	20.15		OTHER_	A C
URRY WEIGHT		RRY VOL					CEMENT LEFT in		15
SPLACEMENT	41.19 BBDISP			MIX PS	il		RATE 4/12 P	01	
EMARKS: /	old crew	safety	meet.	Sic.	Est	ablish	Circular	lia M	1
100	Gel flus								
2%	ul 2 Ph	mo Som	2/5K	. (Burno	X dan	Car &	(-) ·	•
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1.5							.1.	***************************************	
. 04	ah Drilli	8.					Fred V	Kaden	
ACCOUNT CODE	QUANITY or UN	ITS	DES	CRIPTIC	ON of SER	VICES or PRO	DUCT	UNIT PRICE	TOTAL
5401	1	PUMF	CHARGE	:		TOTAL SECTION ASSESSMENT OF THE PARTY OF THE	10	- INTINIOL	TOTAL
5406	15,			•			.495		10850
5402	750		5 ms	<u> </u>	<u> </u>	_	495		430
5407	Montre			Mile			_		NK
55020	(5)				lac TI	- le	510		36800
				oc v	ac VI	UCK	369		1500
1/2//			/	4					
1124	106	5 KS SC	0/20	oz n	rix Ce	ment		121900	17
11183	278-	Yr	cmi	ML (Cal	***		6116	/
11074	<i>S</i> 3*	F	heno	Sen	Q			616	1
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					Less	डिंटि		-405 SI	J
110 5									0,1/20
4402		25	Rul	ber	- Pluc				295
					_ 2				0,7-
								3152.87	
3737							7.65%	SALES TAX	74,69

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