



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239302
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: _____



1239302

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
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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> _____	PRODUCTION INTERVAL: _____ _____
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SPUD DATE: 9 Aug 2014
 FINISH DATE: 12 Aug 2014
 LEASE: Joechel
 LEASE OPERATOR: KRED
 WELL: KR5
 API: 15-121-30055
 SEC: 13 TWP: 17 RNG: 22
 COUNTY: Miami
 DRILLERS NAME: Ronnie Howard
 RIG #: 1



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 20' SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8 LENGTH 535.95 SIZE 2 7/8 BAFFLE 31.25
 TD 750 CORED 453-473

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Lime	6	0	6	Lime	2	408	410
Shale	27	6	33	Shale	2	410	412
Lime	1	33	34	Limey Shale	4	412	416
Shale	84	34	118	Shale	18	416	438
Lime	1	118	119	Red Bed	2	438	440
Shale	1	119	120	Shale	4	440	444
Lime (Hard)	3	120	123	Lime	2	444	446
Shale	1	123	124	Broken 70% No smell Up bleed Little smell & bleed	2	446	448
Lime	13	124	137	Limey Sand	2	448	450
gray Sand	5	137	142	oil Sand Little smell & bleed	2	450	452
Shale	7	142	149	oil Sand CP great bleed	1	452	453
Coal	1	149	150	Broken Sand 50%	2	453	455
Shale	4	150	154	Limey Sand	1/2	455	455 1/2
Lime	2	154	156	oil Sand	1	455 1/2	456 1/2
Shale	4	156	160	Limey Sand	1 1/2	456 1/2	458
Lime (Hard)	6	160	166	Shale	1	458	459
Shale	31	166	197	oil Sand (great bleed)	3	459	462
Lime	14	197	211	oil Sand	1 1/2	462	463 1/2
Shale	12	211	223	Limey Sand (washed out)	3 1/2	463 1/2	467
Lime	26	223	249	Limey Sand (good bleed)	2	467	469
Shale (2FT Coal)	6	249	255	Lime	3	469	472
Lime	21	255	276	oil Sand Dark, great bleed	4	472	476
Coal	4	276	280	Broken 50% little show	1	476	477
Lime	3	280	283	Shale	13	477	490
Shale	5	283	288	Lime Soft	6	490	496
Lime	9	288	297	Shale	10	496	506
Coal	1	297	298	Lime	6	506	512
Lime KCB	3	298	301	Shale Some Coal	10	512	522
Shale	35	301	336	Lime	7	522	529
gray Sand	6	336	342	Shale Some Coal	16	529	545
Shale	66	342	408	Lime	2	545	547

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FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Shale Some Coal	13	547	560	*472-476*			
Lime	5	560	565	Dark Sand			
Shale	1	565	566	great bleed throughout TD			
Lime	1	566	567				
Shale	8	567	575				
Lime	2	575	577				
Shale	6	577	583				
Lime	3	583	586				
Shale	3	586	589				
Lime	2	589	591				
Shale	51	591	642				
Shale (Broken 10%) ^{No show}	20	642	662				
Shale (Broken 10%) ^{No show}	20	662	682				
Coal	4	682	686				
Shale	8	686	694				
Lime	2	694	696				
Shale	2	696	698				
Coal	2	698	700				
Shale	21	700	721				
Shale Broken 5% ^{No show}	1	721	722				
Broken 5% ^{No bleed some smell}	4	722	726				
Shale	2	726	728				
Shale	2	728	730				
Coal	2	730	732				
Shale	6	732	738				
Shale/Slate	8	738	746				
Shale	3	746	749				
Lime TD	1	749	750				



CONSOLIDATED
Oil Well Services, LLC

270352

TICKET NUMBER 47539

LOCATION 074229

FOREMAN Alan Maden

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
8-11-14	4448	Joekel # KR-5 SW 13		17	22	MT

CUSTOMER
Kansas Resources ETD

MAILING ADDRESS
9393 W 110th

CITY
Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mad	368	Safety Mad
368	Art Mad		
370	Mike Fox		
510	Dys Wick		

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 340 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 535.95 DRILL PIPE _____ TUBING _____ OTHER 504.70 BT

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT 2.93 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 77 sk 50150 cement plus 2% gel & 1/2# Phenoseal per sack. Circulated cement. Flushed pump. Pumped plus to baffle set. Alert.

Utah Bonnie

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	102.00 ✓
5402	535.95	casing footage	368	— ✓
5407	min	ton miles	510	368.00 ✓
5502C	1 1/2	80 vac	070	150.00 ✓
1124	77	50 150 cement	885.50	✓
1118B	229#	gel	50.38	✓
1107A	39	Phenoseal	52.65	✓
		material sub	988.53	✓
		less 30%	-296.56	✓
		material total		691.97 ✓
4402	1	2 1/2 ply		29.50 ✓
				2803.91
				SALES TAX 55.19 ✓
				ESTIMATED TOTAL 2484.66 ✓

Ravin 3737

NO company rep

AUTHORIZATION Jim OKD

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.