



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239321
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: _____



1239321

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Jackman Oilfield Services
1 West Mulberry St.
Colony, KS 66015
620-852-3350

WELL LOG
Kansas Resource Exploration & Development, LLC
Cartwright KR-18

August 15, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
17	soil/clay	17	
19	lime	36	
21	shale	57	
5	lime	62	
40	shale	102	
14	lime	116	
11	shale	127	
7	lime	134	
8	shale	142	
13	lime	155	
17	shale	172	
17	lime	189	
5	shale	194	
12	lime	206	
159	shale	365	
12	lime	377	
4	sandy lime	381	
1	lime	382	
10	grey sand	392	slight odor
1	lime	393	
1	sand	394	very light bleed
3	grey sand	397	
12	sandy shale	409	
9	shale	418	
4	coal	422	
11	lime	433	
8	shale	441	
4	lime	445	
16	shale	461	
11	lime	472	
11	shale	483	
1	lime	484	

2	coal	486		
3	lime	489		
2	sand/lime	491	medium bleed	
1	lime	492		
1	sandy shale	493		
3	shale	496		
2	broken sand	498	light bleed	
1.50	oil sand	499.50	light bleed	
1.50	broken sand	501	light bleed	
1	oil sand	502	light bleed	
9	broken sand	511	light-med.bleed	80% sand
19	grey sand/sandy shale	530		
50	shale	580	TD	

Drilled a 9 7/8" hole to 19'7"

Drilled a 5 7/8" hole to 580'

Set 20' of 7" surface casing cemented with 5 sacks of portland cement

Set 572.80' of 2 7/8" round upset tubing. Baffle @ 541.45'

Cartwright KR-18



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

270509

TICKET NUMBER 48075
LOCATION Ottawa
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
8-19-14	4448	Cartwright 15B-18	NE 23	18	21	Mi																				
CUSTOMER <u>Kansas Resources E&D</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>730</td> <td>Ala Mad</td> <td>Safety</td> <td>Meer</td> </tr> <tr> <td>495</td> <td>Harber</td> <td></td> <td></td> </tr> <tr> <td>370</td> <td>Mik Fox</td> <td></td> <td></td> </tr> <tr> <td>548</td> <td>Dan Waga</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	730	Ala Mad	Safety	Meer	495	Harber			370	Mik Fox			548	Dan Waga		
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MAILING ADDRESS <u>9393 W 110th</u>																										
CITY <u>Overland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66210</u>																							
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>580</u>	CASING SIZE & WEIGHT <u>2 7/8</u>		OTHER <u>6 1/2 541.45</u>																					
CASING DEPTH <u>572.8</u>	DRILL PIPE	TUBING																								
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>485</u>																							
DISPLACEMENT <u>3.15</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>																							
REMARKS: <u>Held meeting. Established rate. Mixed & pumped 100# gel followed by 81 SK 50150 cement plus 2% gel + 1/2# Pheno seal per ssck. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.</u>																										

Jackman

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1025.00 ✓
5406	20	MILEAGE	495	84.00 ✓
5402	572.8	casing footage	495	— ✓
5407	mi	ton miles	548	368.00 ✓
3502C	1 1/2	80 gal	370	150.00 ✓
1124	81	50150 cement	931.50	✓
1118B	236#	gel	51.92	✓
1107A	41#	Pheno seal	55.35	✓
		Material sub	1038.77	
		less 30% -	311.63	✓
		Material total		727.14 ✓
4402	1	2 1/2 plugs		29.50 ✓
		work completed		2836.99
		SALES TAX		57.88 ✓
		ESTIMATED TOTAL		2501.52 ✓

Ravin 3737

no company rep

AUTHORIZATION J.M. DK 2 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