



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239534
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: _____



1239534

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)*

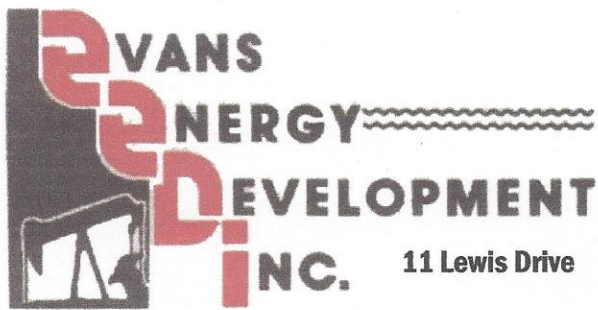
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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EVANS
ENERGY
DEVELOPMENT
INC.

11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

SCZ Resources, LLC
 Kendall Dice #D-41
 API #15-001-31,049
 July 17 - July 18, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil/clay	5
33	lime	38
22	shale	60
15	lime	75
49	shale	124
2	lime	126
5	shale	131
41	lime	172
12	shale	184
8	lime	192
6	shale	198
3	lime	201
3	shale	204
4	lime	208
1	shale	209
14	lime	223
4	shale	227
9	lime	236
2	shale	238
15	lime	253 oil show
3	shale	256
20	lime	276 base of the Kansas City
109	shale	385
8	sand	393 limey green sand
41	shale	434
16	lime	450
6	shale	456
1	silty shale	457
1	broken sand	458 50% brown sand 50% shale ok bleeding
1	silty shale	459
1	broken sand	460 40% sand 60% shale ok bleeding gassy
2	oil sand	462 brown good bleeding, gassy
5	limey sand	467 green, no show
13	shale	480
9	silty shale	489
7	shale	496
3	lime	499
44	shale	543
1	lime	544

5	shale	549
19	lime	568
38	shale	606
6	lime	612
1	shale	613
9	lime	622 oil show
3	shale	625
1	coal	626
5	shale	631
3	lime	634
60	shale	694
1	lime	695
10	shale	705
1	coal	706
3	shale	709
2	lime/shale	711
10	shale	721
1	lime	722
3	shale	725
1	coal	726
29	shale	755
1	coal	756
13	shale	769
1	coal	770
6	shale	776
1	broken sand	777 30% brown sand 70% shale
5	silty shale	782
4	oil sand	786 brown good bleeding
2	broken sand	788 40% hard brown sand 60% shale light bleeding
2	silty shale	790
13	shale	803
1	coal	804
2	shale	806
2	silty shale	808
2	broken sand	810 brown & white, good bleeding
5	silty shale	815
9	shale	824
8	silty shale	832
3	shale	835
8	broken sand	843 white sand & green shale no show
1	shale	844
1	coal	845
23	shale	868 TD

Drilled a 9 7/8" hole to 20'

Drilled a 5 5/8" hole to 868'

Set 20' of 7" threaded and coupled surface casing, cemented with 4 sacks cement.

Set 858' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

269831

TICKET NUMBER 47491

LOCATION Ottawa KS

FOREMAN Fred Mader

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
7-23-14	7752	W. Kendall/Dice # D.41	SW 22	26	18	AL

CUSTOMER
SCZ Resources LLC

MAILING ADDRESS
8614 Cedarspur Dr

CITY
Houston

STATE
KS

ZIP CODE
77055

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Itar Bec		
675	Kid Det		
510	Dus Web		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 868' CASING SIZE & WEIGHT 2 7/8 EUC

CASING DEPTH 855' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 4.97 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 100# Gel Flush. Mix + Pump 607 sks 50/50 Premix Cement 2% Gel 1/2" Pheno Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. Mitchell

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰ ✓
5406	-	MILEAGE		N/C ✓
5402	855'	Casing footage		N/C ✓
5407A	299.1	Ton Miles	510	42123 ✓
5502C	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰ ✓
1124	1078 sks	50/50 Prem Mix Cement	1230 ⁵⁰	✓
1118B	280 [#]	Premium Gel	61 ⁶⁰	✓
1107A	54 [#]	Pheno Seal	72 ⁸⁰	✓
		Material	1365 ⁰⁰	
		less 30%	- 409 ⁵⁰	✓
		Total		955 ⁵⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰ ✓
			3264.42	
		7.4%	SALES TAX	72 ⁵⁹ ✓
			ESTIMATED	62 ✓
			TOTAL	2764 ✓

Form 3707

AUTHORIZATION Jo Joseph 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