Confidentiality Requested: Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1239554

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:		
Address 2:		Feet from  North / South Line of Section
City: State:	Zip:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
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:
		Producing Formation:
		Elevation: Ground: Kelly Bushing:
	GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl.,	etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as fol		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: O	riginal Total Depth:	
Deepening Re-perf. C	Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back	onv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	ан.	Chloride content: ppm Fluid volume: bbls
	it #:	Dewatering method used:
	it #:	Location of fluid disposal if hauled offsite:
	it #:	Location of huld disposal if hadied offsite.
	it #:	Operator Name:
		Lease Name: License #:
Spud Date or Date Reached T	D Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date	Recompletion Date	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	Page Two				
Operator Name:	Lease Name:	Well #:				
Sec TwpS. 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 (Attach Additional She	aets)	Yes No	L	og Formatio	n (Top), Depth and	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	ght Setting Type of # Sacks Type and Perce			
		ADDITIONAL	CEMENTING / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
Does the volume of the tota	l base fluid of the hyd	raulic fracturing treatment ex	ceed 350,000 gallons	?Yes	No (If No, skip	, question 3)	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure reg				Yes	No (If No, fill c	out Page Three of	of the ACO-1)

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge P Each Interval F		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F		No	
Date of First, Resumed	l Product	ion, SWD or ENH	٦.	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									I	
DISPOSIT	ION OF (	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sole		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify)						



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

> Phone: 913-557-9083 Fax: 913-557-9084

WELL LOG SCZ Resources, LLC Baker #SCZ-35 API #15-121-30,510 August 8 - August 11, 2014

Paola, KS 66071

Thickness of Strata	Formation	Total
5	soil/clay	5
19	lime	24
27	shale	51
5	lime	56
14	shale	70
40	lime	110
10	shale	120
30	lime	150
8	shale	158
22	lime	180
3	shale	183
3	lime	186
5	shale	191
6	lime	197 base of the Kansas City
106	shale	303
11	silty shale	314
20	shale	334
2	oil sand	336 white & brown sand ok bleeding
4	oil sand	340 brown, good bleeding, thin shale laminations
3	oil sand	343 dark brown sand soft
2	broken sand	345 60% brown sand 40% shale good bleeding
2	limey sand	347 white & brown very hard light bleeding
8	oil sand	355 brown very good bleeding
1	broken sand	356 70% brown sand 30% shale good bleeding
5	oil sand	361
2	shale	363
17	lime	380
37	shale	412
1	coal	418
2	shale	420 TD

Drilled a 9 7/8" hole to 20.6' Drilled a 5 5/8" hole to 420'

Set 20.6' of 7" threaded and coupled surface casing, cemented with 5 sacks cement.

Set 403.65' of 2 7/8" 8 round upset tubing with 2 centralizers, 1 float shoe, 1 clamp, and 1 seating nipple.

270432
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20112	TICKET NUMBER	48051
270430	LOCATION Stawa	ICS
0.	FOREMAN CASey K	ennedy
FIELD TICKET & TREATMENT REP	ORT	/ -

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

CONSOLIDATED Oil Well Services, LLC

620-431-9210 or 800-467-867	6	CEME	NT			
DATE CUSTOMER #	WELL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/12/11 7752 CUSTOMER		-35	NE26	18	22	in
SCZ RADUred	3		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			729	Casken	VSala	Matting
8614 Cedargour	Dr		Lado	Ke: Car	Z	maring
	STATE ZIP CODE	_	503	BruBir	V	
Howton	TX 77055	•	675	Kei Det	~	
IOB TYPE loughting	HOLE SIZE 5/8"	HOLE DEP	TH 420'	CASING SIZE &	NEIGHT Q7	"EUF
CASING DEPTH	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGHT	SLURRY VOL	WATER ga	l/sk	CEMENT LEFT In	CASING	
DISPLACEMENT 2.34 645	DISPLACEMENT PSI	MIX PSI		RATE 4 LOR		
REMARKShald safety M	neeting established	circula	ton nive	dt avune	1 month	Golda
ky 10 bbk tity	water mixed .	+ Drawne	d s	ke 062 0	RIL PUT I	1. THE
Solson DEV SK, CO	elevent to such	co Hind.	and and in	class and	-1 04	11-11-
plug to casing T	2 w/ 2.34 bus	Do rital	1. solar Va	Se alt	Pro D	10000
held pressure for	30 min MT,	relessed	1 pressure	shot in	225: ~9 .	si, wer
					n.	)
					1-	7

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	on losse	MILEAGE		
5402	4041	asing footage		
55626	thr	St Dac		100.00
5907	14 minimum	You mileage		92.00
1126	44 SES	owe consent	869.00	1,
1118B	100 #	Gel	22.00	
(110 A	220 #	Kolseal	101.20	
1133	1- 68	City Water	29.06	
		notorials	1021.26	
		-30%	306.38	
11100		subtotal		714.88
4402	/	2 1/2 " rubber plug		29,50
			2408.14	
	1			
aven 3737	- H from	completed	SALES TAX	56.99
	M/miller & rol	VIANTA COSSIGNED	TOTAL	2078.33
UTHORIZTION	in monsing the		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