



1239554

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)*

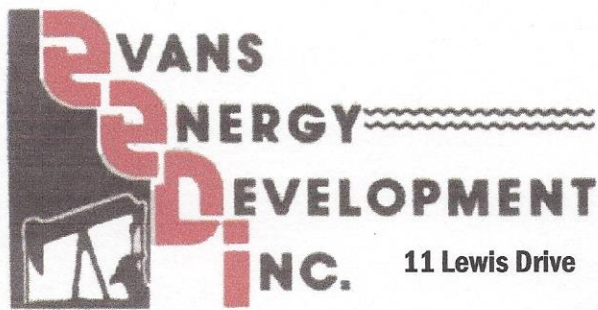
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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

Baker #SCZ-35

API #15-121-30,510

August 8 - August 11, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
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..



CONSOLIDATED
Oil Well Services, LLC

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

270430

TICKET NUMBER 48051
LOCATION Chanute, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/12/14	7752	Baker #5C2-35	NE 26	18	22	MI

CUSTOMER
SCZ Resources
MAILING ADDRESS
8644 Cedarspur Dr
CITY
Houston STATE
TX ZIP CODE
77055

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Carsten	✓ Safety Meeting	
Udo	Kei Car	✓	
503	Bro Bir	✓	
675	Kei Det	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 1/2" EUE
CASING DEPTH 404' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 2.34 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS held safety meeting, established circulation, mixed & pumped 100 # Gel followed by 10 bbls city water, mixed & pumped 500 lbs cement w/ 5 # Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 2.34 bbls city water, pressured to 800 PSI, well held pressure for 30 min MT, released pressure, shut in casing.

Casey Kennedy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5400	on lease	MILEAGE		_____ ✓
5402	404'	casing footage		_____ ✓
5502L	1 hr	800 Vac		100.00 ✓
5407	1/4 minimum	van mileage		92.00 ✓
1126	44 Sk	OCW cement	869.00	✓
1118B	100 #	Gel	22.00	✓
1110A	220 #	Kalsol	101.20	✓
1123	1.68	City Water	29.06	✓
		materials	1021.26	
		- 30%	306.38	
		subtotal		714.88 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			2408.14	
		SALES TAX		56.94 ✓
		ESTIMATED TOTAL		2078.32 ✓

AUTHORIZATION *Mark Z...* 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 for