Confidentiality Requested: Yes No

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

1239555

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 Dorth / 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) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG 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 follows:	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: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD 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 Iwo	1239555
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 Shi	eets)	Yes No	L	.og Formatic	on (Top), Depth and	d Datum	Sample
Samples Sent to Geolog		Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		on, 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 / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
		Iraulic fracturing treatment ex				o question 3) out Page Three o	of the $ACO-1$
	y neatment intormatio	in submitted to the chemical	uisciosure registry?	Yes		ou raye milee (JI IIIE ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge Plu Each Interval Pe		e		Acid, Fracture, Shot, Ce (Amount and Kind	ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	e:	Set At	:	Packe	r At:	Liner F		No	
Date of First, Resumed	I Producti	on, SWD or ENHF	} .	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	_	Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACO	-18.)		Other (Specify)			,	(Subinit A00-4)		



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

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

WELL LOG SCZ Resources, LLC Baker #SCZ-36 API #15-121-30,511 August 4 - August 5, 2014

Paola, KS 66071

Thickness of Strata	Formation	Total
3	soil/clay	3
17	lime	20
26	shale	46
.5	lime	51
46	shale	97
10	lime	107
9	shale	116
33	lime	149
5	shale	154
23	lime	177
3	shale	180
5	lime	185
2	shale	187
6	lime	193 base of the Kansas City
106	shale	299
2	silty shale	301
6	broken sand	307 70% brown sand 30% shale ok bleeding
1	silty shale	308
22	shale	330
3	oil sand	333 soft light brown sand light bleeding
2	broken sand	335 20% light brown sand 80% shale light bleeding
4	oil sand	339 very soft brown sand, good bleeding
1	limey sand	340 white
9	oil sand	349 soft brown sand, good bleeding
1	broken sand	350 20% sand 80% shale light bleeding
4	oil sand	354 brown, very good bleeding
1	broken sand	355 20% sand 80% shale ok bleeding
1	oil sand	356 brown, good bleeding
1	lime	357
1	shale	358
16	lime	374
36	shale	410 TD

Drilled a 9 7/8" hole to 20.8' Drilled a 5 5/8" hole to 410'

Set 20.8' of 7" threaded and coupled surface casing, cemented with 5 sacks cement.

Set 398' of 2 7/8" 8 round upset tubing with 2 centralizers, 1 float shoe, and 1 clamp.

SC 2 Resources LLC ILING ADDRESS State ILING ADDRESS State State State ILING ADDRESS		SOLIDATED	(270481			Hawak	
And State CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP PANGE COUNTY E.P.14 7752 Bakar SC2-36 Null 24 1% DR. NIL STOMER SC2 Rasources LLC Int Null 24 1% DR. NIL STOMER County TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER STOMERS County Tr 70055 TRUCK# DRIVER TRUCK# DRIVER Houston Tr 77055 STATE TRUCK# DRIVER TRUCK# DRIVER Stonepth STATE Tr 77055 STATE TRUCK# DRIVER TRUCK# DRIVER Stonepth STATE Tr 77055 STATE TRUCK# DRIVER TRUCK# DRIVER Stonepth STATE Tr 77055 STATE STATE TRUCK# DRIVER Stonepth STATE STATE Tr TOTAL STATE STATE TRUCK# DRIVER Mark State State DRIL STATE STATE TRUCK# DRIVER TRUCK# DRIVER Namers: State State State State	Box 884, Chanu	Ite, KS 66720	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ENT REPO	ORT		
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	ACCOUNT CODE 5401 5406 5402 5402 55020 //26 //18B	QUANITY OF UNITS / 393 69.66 / Hy 413 s 100 ⁴⁴	PUMP CHARGE MILEAGE Casing Ton 80 Bl so bl ks Owc (Vemin	Footage Miles BL Vac 7 Cemens um Cel Materi	ivek	495 535	UNIT PRICE	1085 N/C N/C 9823 100 00
4402 1 25 Kubber plug 29-	ACCOUNT CODE 5401 5406 5402 5402 55020 //26 //18B	QUANITY OF UNITS / 393 69.66 / Hy 413 s 100 ⁴⁴	PUMP CHARGE MILEAGE Casing Ton 80 Bl so bl ks Owc (Vemin	Footage Miles BL Vac 7 Cemens um Cel Materi Less	luck 30%	495 535	UNIT PRICE	1085 N/C N/C 9823 100 0
	ACCOUNT CODE 5401 5406 5402 5402 55020 //26 //26 //16B //16B	QUANITY OF UNITS / 393 69.66 / Hy 413 s 100 ⁴⁴	PUMP CHARGE MILEAGE Casing Ton 80 BC 80 BC Kolseg	FOO tace o Miles BL Vac 7 Cemens um Cul Materi Less	1 Juck 30%	495 535	UNIT PRICE	1085° N/C N/C 9823 100°
	ACCOUNT CODE 5401 5406 5402 5402 55020 //26 //26 //16B //16B	QUANITY OF UNITS / 393 69.66 / Hy 413 s 100 ⁴⁴	PUMP CHARGE MILEAGE Casing Ton 80 BC 80 BC Kolseg	FOO tace o Miles BL Vac 7 Cemens um Cul Materi Less	1 Juck 30%	495 535	UNIT PRICE	1085 N/C N/C 9823 100 00
	ACCOUNT CODE 5401 5406 5402 5402 55020 //26 //26 //16B //16B	QUANITY OF UNITS / 393 69.66 / Hy 413 s 100 ⁴⁴	PUMP CHARGE MILEAGE Casing Ton 80 BC 80 BC Kolseg	FOO tace o Miles BL Vac 7 Cemens um Cul Materi Less	1 Juck 30%	495 535	UNIT PRICE	1085° N/C N/C 982 10000

RAVE 3737 AUTHORIZTION AUGUST / WILL DATE 2046.05 AUTHORIZTION AUGUST / WILL DATE 2046.05

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