



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239557
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: _____



1239557

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)*

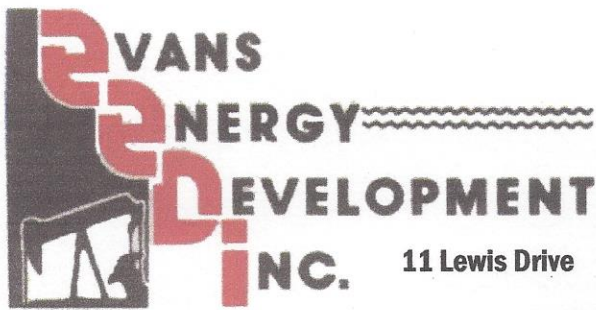
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
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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> _____	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-39

API #15-121-30,513

August 11 - August 12, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil/clay	3
16	lime	19
11	shale	30
3	lime	33
8	shale	41
10	lime	51
10	shale	61
1	lime	62
32	shale	94
11	lime	105
11	shale	116
14	lime	130
1	shale	131
19	lime	150
2	shale	152
23	lime	175
4	shale	179
2	lime	181
5	shale	186
6	lime	192 base of the Kansas City
107	shale	299
7	broken sand	306 80% broken sand 20% shale ok bleeding
1	silty shale	307
23	shale	330
2	broken sand	332 white & brown sand light bleeding
3	oil sand	335 light brown ok bleeding
1	limy sand	336
4	oil sand	340 soft brown sand, good bleeding
3	oil sand	343 brown sand with thin lime good bleeding
5	broken sand	348 80% brown good bleeding
1	oil sand	349 broken soft sand good bleeding
3	limy sand	352 broken limy sand, good bleeding
1	oil sand	353 brown good bleeding
4	broken sand	357 sand & shale ok bleeding
1	shale	358
14	lime	372
48	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 398.65' of 2 7/8" 8 round upset tubing with 2 centralizers, 1 float shoe, 1 clamp and 1 seating nipple
Seating nipple set at 335'



210452

TICKET NUMBER 48061
 LOCATION Offawa, KS
 FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/14/14	7752	Baker # SCZ-39	NE216	18	22	M1

CUSTOMER
 SCZ Resources
 MAILING ADDRESS
 81614 Cadarspur Dr
 CITY
 Houston STATE TX ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Caskan	✓ Safety	Meeting
4646	KeiCar	✓	
558	BroBic	✓	
475	KeiDet	✓	

JOB TYPE Long String HOLE SIZE 5 7/8" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 399' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.31 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 gpm

REMARKS held safety meeting, established circulation, mixed & pumped 100# Gel followed by 10 bbls ~~water~~ city water, mixed & pumped 47 bbls OWC cement w/ 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 2.31 bbls ~~water~~ city water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten initials/signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	on lease	MILEAGE		
5402	399'	casing footage		
5407	1/4 minimum	fuel mileage		92.00 ✓
8500C	1 hrs	80 Vac		100.00 ✓
1126	47 bbls	OWC cement	928.25 ✓	
1118B	100 #	Premium Gel	22.00 ✓	
1110A	235 #	Kalseal	108.10 ✓	
1123	1.68	City Water	29.06 ✓	
		materials	1087.41	
		-30%	326.22 ✓	
		subtotal		7161.19
4402	1	2 1/2" rubber plug		29.50 ✓
				2179.95

SALES TAX 60.90 ✓
 ESTIMATED TOTAL 2128.17 ✓
 AUTHORIZATION [Signature] 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