



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239562
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: _____



1239562

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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Operator License # 34897
 Operator SCZ Resources
 Address 8614 Cedarspur Drive
 City Houston, TX 77055
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 840'
 T.D. of pipe 826'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-001-31051-00-00
 Lease Name Kendall Dice
 Well # D-43
 Spud Date 8/29/2014
 Cement Date
 Location Sec 27 T 26 R 18
 165 feet from N line
 825 feet from W line
 County Allen

Driller's Log

Thickness	Strata	From	To
6	dirt	0	6
32	lime	6	38
22	shale	38	60
16	lime	60	76
44	shale	76	120
7	sandy shale	120	127
3	lime	127	130
3	shale	130	133
60	lime	133	193
8	shale	193	201
22	lime	201	223
6	shale	223	229
49	lime	229	278
158	shale	278	436
12	lime	436	448
10	shale	448	458
1	top sand	458	459
79	shale	459	538
2	lime	538	540
7	shale	540	547
18	lime	547	565
38	shale	565	603
16	lime	603	619
14	shale mix	619	633
86	shale	633	719
1	lime	719	720
60	shale	720	780
2	sand	780	782
2	sand	782	784
2	sand	784	786
1	sand	786	787
53	shale	787	840



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

270451

TICKET NUMBER 48060
LOCATION Chanute, KS
FOREMAN Carey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/14/14	7752	Baker # SCZ-43	NE 26	18	22	MI

CUSTOMER
SCZ Resources

MAILING ADDRESS
8614 Cedarspar Dr

CITY Houston STATE TX ZIP CODE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Caskan	✓ Safety	Leating
1010	KeiCar	✓	
558	BruBir	✓	
675	KeiDet	✓	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 578' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____

DISPLACEMENT 2.19 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: help safety meeting, established circulation, mixed & pumped 100 # Gel followed by 10 bbls city water, mixed & pumped 47 lbs Oux cement w/ Sat Kalsol per sk, cement to surface, flushed pump clean, pumped 3 1/2" rubber plug to casing TD w/ 2.19 bbls city water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5400	on lease	MILEAGE		— ✓
5402	378'	casing footage		— ✓
5407	1/4 minimum	ten mileage		92.00 ✓
5502c	1 hr	8D Vac		100.00 ✓
1120	47 lbs	oux cement	928.25	✓
118B	100 #	Premium Gel	22.00	✓
110A	235 #	Kalsol	108.10	✓
1123	1.68	City water	29.00	✓
		materials	1087.41	
		-30%	326.22	✓
		subtotal		761.19
4402	1	2 1/2" rubber plug		29.50 ✓
				2479.35

Form 3737

AUTHORIZATION Mark W. Bratton TITLE _____ DATE _____

SALES TAX 100.48 ✓
ESTIMATED TOTAL 2128.12 ✓

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