



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239567
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: _____



1239567

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)*

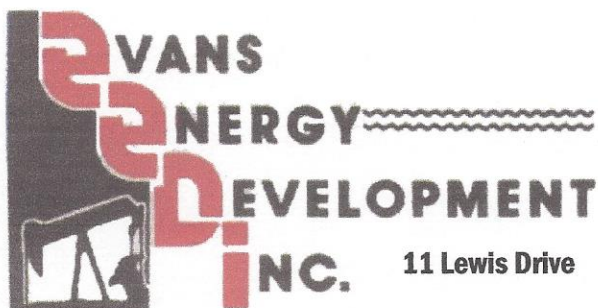
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Commingled <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

Kendall Dice #D-44

API #15-001-31,052

July 24 - July 24, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil/clay	5
38	lime	43
28	shale	71
10	lime	81
48	shale	129
4	lime	133
5	shale	138
60	lime	198
6	shale	204
4	lime	208
3	shale	211
16	lime	227
5	shale	232
25	lime	257
4	shale	261
20	lime	281 base of the Kansas City
159	shale	440
11	lime	451
6	shale	457
6	sand	463 green, no oil
10	silty shale	473
9	shale	482
8	sand	490 green, no oil
55	shale	545
1	lime	546
1	coal	547
1	shale	548
21	lime	569
7	shale	576
1	lime	577
28	shale	605
17	lime	622 oil show
9	shale	631
2	lime	633
59	shale	692
2	lime	694
10	shale	704
1	coal	705
16	shale	721
1	lime	722

58	shale	780
2	oil sand	782 brown, ok bleeding
2	broken sand	784 90% brown sand 10% shale ok bleeding
4	broken sand	788 30% brown sand 70% shale light bleeding
2	silty shale	790
15	shale	805
3	sand	808 white, no oil
4	silty shale	812
19	shale	831
5	sand	836 balck & white, no oil
7	silty shale	843
1	coal	844
21	shale	865 TD

Drilled a 9 7/8" hole to 21'

Drilled a 5 5/8" hole to 865'

Set 21' of 7" threaded and coupled surface casing, cemented with 5 sacks cement.

Set 855' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

269760

TICKET NUMBER 47499

LOCATION Ottawa Ks

FOREMAN Fred Madu

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-14	7782	Baker # SCZ 44	NW 26	1E	22	M1

CUSTOMER
SCZ Resources LLC
MAILING ADDRESS
8614 Cedar Spv Dr
CITY
Houston STATE
Tx ZIP CODE
77055

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Madu		
495	Har Bee		
675	Mik Fox		
510	Dus Web		

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 420 CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 405 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 2.35B DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump
100# Gel Flush. Mix Pump 61 sks 50/50 per Mix Cement
220 gal. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to casing TD. Pressure to
800 PSI. Release pressure to set float valve. Shut in
Casing

JTC Drilling.

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	49.5	1085.00 ✓
5406	—	MILEAGE		N/C ✓
5402	405'	Casing Footage		N/C ✓
5407	1/2 Minimum	Ten Miles	510	121.44 ✓
5502C	1 1/2 hr	80 BBL Vac Truck	675	150.00 ✓
1124	61 sks	50/50 Per Mix Cement	701.50	✓
1118B	203#	Premium Gel	44.60	✓
		Material	746.16	
		Less 30%	-223.85	✓
		Total		522.31
41402	1	2 1/2" Rubber Plug		29.50 ✓
			292.67	

Form 3737

AUTHORIZATION

Mark D. Brechman

TITLE

Geologist

SALES TAX
ESTIMATED
TOTAL

42.31 ✓
1750.47 ✓

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.