

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1239582

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:			Sec.	TwpS. R	East _ West		
Address 2:			F6	eet from North /	South Line of Section		
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□ NE □ NW	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	W	ell #:		
	e-Entry	Workover	Field Name:				
	_		Producing Formation: Kelly Bushing:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW					
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well I			If yes, show depth set:				
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Dual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
ENHR	Permit #:						
GSW	Permit #:		Operator Name:				
			Lease Name:				
Spud Date or Date R	eached 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 III Approved by: Date:

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

	Operator License # Operator Address City	34897 SCZ Resources 8614 Cedarspur Drive Houston, TX 77055		API # Lease Name Well #		15-121-30441-00-00 Baker SCZ-25		
	Contractor	JTC Oil, Inc.		Spud Date		6/6/2014		
	Contractor License #	32834		Cement D	ate			
	T.D.	420		Location		Sec 26	T 18	R 22
	T.D. of pipe	412				feet from	N	line
	Surface pipe size	7"		_	1815	feet from	W	line
	Surface pipe depth	20'		County		Miami		
	Well Type	Production						
	Driller's	_						
Thickness	Strata	From	То					
2	soil	0	2					
4	clay	2	6					
19	lime	6	25					
28	shale	25	53					
5	lime	53	58					
42	shale	58	100					
10	lime	100	110					
11	shale	110	121					
30	lime	121	151					
6	black shale	151	157					
24	lime	157	181					
4	coal	181	185					
14	lime	185	199					
111	shale	199	310					
2	oil sand/shale	310	312					
3	sandy shale	312	315					
23	shale	315	338					
2	oil sand	338	340					
3	oil sand	340	343					
3	oil sand	343	346					
3	oil sand	346	349					
3	oil sand	349	352	v-good				
3	oil sand	352	355	v-good				
3	oil sand	355	358					
4	shale	358	362					
15	lime	362	377					
43	shale	377	420					



268991

LOCATION OXTOWN US

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

FIELD TICKET & TREATMENT REPORT

CUSTOMER #	WE	LL NAME & NUMBER	ENT			
			SECTION	TOWNSHIP	RANGE	COUNTY
	Baker	~ 25	Nm 24	18	92,	mi
Resource	es LL	c	TRUCK#	DRIVER	TRUCK #	DRIVER
-			712	Fre Mad		2
1 Cedar	spur D	Izin coor	666	Ki Cor		
	_		675	Kei Dax		
				All Meb		
0		TOLE DE	PTH	CASING SIZE & 1	WEIGHT	
					OTHER	
2.40 B D	ISPLACEMEN	NT PSI MIX PSI				
* to Sov	face.	Flushowno	tablish civ	lik Come	Mixy Pum	6 100# 2/2"
U/e 40.S	ex t-los	Valve. Sh	wtin Cosin	9.		
0						
QUANITY or	UNITS		of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
				495		10850
	-					N/C
.11.						
-411		Casing Foods	ge			NE
1/1.	85	Ton Milas		570		15221
1/1.		Ton Milas	e Truck	510 \$175		
111.	85 2 hr	80 BBL Va	c Truck	3675	22050	15221
111.	7 5KS	50/50 Por 11	c Truck	3675	77050	/572/ /50°
111.	85 2 hr	80 BBL Va	c Truck 11x Cenunx Cal.	3675	4656	/572/ /50°
111.	7 5KS	80 BBL Va	c Truck 1:x Cenunx Cul. Maxerial	\$75	8/736	1502
111.	7 5KS	80 BBL Va	Cil. Maxerial	\$75	4656	15021
111.	7 5KS	50/50 Por M	Cil. Maxerial	\$75	8/736	150 00
111.	7 5KS	80 BBL Va	Cil. Maxerial	\$75	8/736	15021
111.	7 5KS	50/50 Por M	Cil. Maxerial	\$75	8/736	150 2
111.	7 5KS	50/50 Por M	Cil. Maxerial	\$75	81736 - 24521	150 00
111.	7 5KS	50/50 Por M	Cil. Maxerial	\$75	8/736	150°°
111.	7 5KS	50/50 Por M	Cil. Maxerial	Complete	81736 - 24521	150 2
	SS Cedar	Rasources LL SS Cedar spur D STATE TX STATE TX HOLE SIZE FILL PIPE SLURRY VOL R10 B DISPLACEMEN AL Q VEW SOFE USh, Mix + Pum T TO SUV face, TO SUV face, TO SUV face, TO SUV face,	Resources LLC SS Ceday spur Dr STATE ZIP CODE TX 77055 GSTYNG HOLE SIZE 6 HOLE DE MIX PSI SI Q V EW Sa Fety meeting E3 USh Mix + Pump 67 C/Ks * To Suy face, Flush pump Br Alug to Cosma TD. Pross U/e fo Set Float Value. Sh	Resources LLC TRUCK# 712 Ceday Spur Dr STATE ZIP CODE TK 77055 MIX 77055 MIX PODE TUBING TUBING WATER GAI/SK A. 10 B DISPLACEMENT PSI WIS PSI WATER GAI/SK W	7752 Baker # 25 Resources LLC TRUCK# DRIVER 712 Fre Mad 664 Ki Cor 712 Fre Mad 664 Ki Dat 713 TK T7055 675 Ki Dat 675 Ki Dat 675 Ki Dat 675 Ki Dat 676 Ki Dat 677 Ki Dat 678 Ki Dat 678 Ki Dat 679 Ki Dat 670 Bill Med 670 Bil	Resources LLC Resources LLC TRUCK# DRIVER TRUCK# TRUCK# DRIVER TRUCK# TRUCK# DRIVER TRUCK# TRUCK# DRIVER TRUCK# TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# TRUCK# DRIVER TRUCK# DRIVER TRUCK# TRU