

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1239584

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			
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section			
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section			
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:			
Phone: ()			□ NE □ NW	□ SE □ SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD27				
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-Entry Workover			Field Name: Producing Formation:				
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)			Total Vertical Depth: Plug Back Total Depth: Feet				
If Workover/Re-entry: Old Well Inf				Feet			
Operator:				nent circulated from:			
Well Name:			, ,	w/sx cmt.			
Original Comp. Date:			loot doparto.	W,			
	_	NHR Conv. to SWD					
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the				
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls			
Dual Completion Permit #:		Dewatering method used:					
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR	Permit #:		On and an Name				
GSW	Permit #:						
				License #:			
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R			
Recompletion Date Recompletion I		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 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 Log 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 #		15-121-30439-00-00 Baker SCZ-23			
	Contractor License #	JTC Oil, Inc.		Spud Date		6/3/2014			
	Contractor License # T.D.	32834		Location	Cement Date		T 18	R 22	
	T.D. of pipe	420 412		LOCATION	40E	Sec 26 feet from	N 1 19	line	
	Surface pipe size	7"				feet from	W	line	
	Surface pipe depth	20'		County	1013	Miami	VV	inie	
	Well Type	Production		County		IVIIGIIII			
	Driller's								
Thickness	Strata	From	То						
2	soil	0	2						
8	clay	2	10						
21	lime	10	31						
26	shale	31	57						
9 .	lime	57	66						
40	shale	66	106						
10	lime	106	116						
10	shale	116	126						
31	lime	126	157						
7	black shale	157	164						
23	lime	164	187						
4	coal	187	191						
15	lime	191	206						
106	shale	206	312						
1	oil sand	312	313						
3	oil sand	313	316						
2	sandy/shale	316	318	little oil					
23	shale	318	341						
3	oil sand	341	344						
3	oil sand	344	347						
3	oil sand	347	350						
3	oil sand	350	353						
3	oil sand	353	356						
2	oil sand	356	358						
3	oil sand/shale	358	361	broken					
4	shale	361	365						
16	lime	365	381						
39	shale	381	420						



268988

LOCATION OHAWA KS
FOREMAN (ESCY Ke wood)

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
19/14	7752	Bater	# 23	NW 26	18	22	M
SC7	Resources	s LLC		TRUCK #	DRIVER	TRUCK#	DRIVER
MILINIC ADDIZE	599			729	Carken	V Satista	Maetina
8614	Cedar spur	Dr		495	Har Bec	V	-
TY 1	,	STATE 2	ZIP CODE	558	Mat Coc	V	
Houston	^	7X	77055	369	MikHaa	1	
B TYPE /OM	1	HOLE SIZE (HOLE DE	ертн_ <i>420</i> ′	CASING SIZE & V	VEIGHT_ 27	8" ELE
SING DEPTH		DRILL PIPE	TUBING			OTHER	
URRY WEIGH		SLURRY VOL	WATER	gal/sk	CEMENT LEFT in		
		DISPLACEMENT			RATE 4 GOK		-/-
MARKS NO	,,,		stablished airc	A 4	med + pun	ped 100	# Demila
-	swed by	10 6 bis fr	esh weter, un	TXOO & pur	100 Cot	2/5 272	
cuent		/ /	+ rement	& Juctace	1111 11 11	some cle	an,
		er plug to		W/ 2.38	bbs trest	n water,	pressure
008'	PSI, rel	easbd pres	sume, shot in	casing.			
						11/	,
						74	
					(_		
ACCOUNT	CHAMP	ar IINITE	DESCRIPTIO	N of SERVICES or PR	PODUCT	UNIT PRIOR	70711
CODE	QUANITY or UNITS DESCR		DESCRIPTIO	N OF SERVICES OF PR		UNIT PRICE	TOTAL
5401	1		PUMP CHARGE				1085.00
5406	onlesse		MILEAGE				
5402	4/2		casing thata	ge			
8407A	111.85		ton mileage				157.71
2005C	1.5 h	rs.	80 Vac				150.00
		1 .	80.5		L		/
1124	673		-	ijx cemeli	<i>z</i>	770.50	/
11183	213 3	4	Premious Go	, y		46.86	
			n	aterials	817.34	/	
					-30%	245.21	
					aterials -30% subtotal		572.15 29.50
							29.50
						ļ	
				_	ampleted	0000 50	
				4/	annihitta .	2272.59	116
- 0357	L				ompioiou	SALES TAX	43.76
n 3757	110	-				ESTIMATED TOTAL	2008.62
THORIZTION	No Co	too.	TITLE_			DATE	
HOMEHON	1 0	77					

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.