

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238543
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: _____

1238543

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
888-431-8210 or 888-467-8678

1465/1413

TICKET NUMBER 50734

LOCATION Ottawa, KS

FOREMAN Fred Madar

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12.11.14	7752	Rubaw USW	NE 6	27	17	W4
CUSTOMER <u>SCZ Resources LLC</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>8614 Cedarspur Dr</u>			<u>712</u>	<u>Fred Mad</u>		
CITY <u>Houston</u>			<u>495</u>	<u>Har Bar</u>		
STATE <u>Tx</u>			<u>675</u>	<u>Kai Det</u>		
ZIP CODE <u>77055</u>			<u>548</u>	<u>Dan Wha</u>		

JOB TYPE <u>Logstring</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>966'</u>	CASING SIZE & WEIGHT <u>4 1/2" - 11.6#/ft</u>
CASING DEPTH <u>965.8'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.9</u>	SLURRY VOL	WATER gal/blk	CEMENT LEFT IN CASING <u>20'±</u>
DISPLACEMENT <u>1500</u>	DISPLACEMENT PPM	MIX PPM	RATE <u>5 BPM</u>

REMARKS: Hold Safety meeting. Establish circulation thru 4 1/2" casing.
 Mix + Pump 100 gal Flush. Then Pump 10 BBLs Tailgate dye. Mix + Pump 132 SKS 50/50 Pre Mix Cement 7th Gal 5" Kal Seal/sk. Displace 4 1/2" casing clean with 200 gal Water Pressure @ 300 PSI. Monitor pressure for 30 min MIT Shut in Casing.
 Note: Casing ran open ended

Next Drilling: Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1025 ⁰⁰	1025 ⁰⁰
5406	75 mi	MILEAGE	315 ⁰⁰	315 ⁰⁰
5402	965.8	Casing footage	NK	NK
5407A	470.925	Ten Miles	548	664 ⁰⁰
5502	4 hrs	80BBL Vac Truck	675	400 ⁰⁰
1124	138 SKS	50/50 Pre Mix Cement	1587 ⁰⁰	
118B	332 ⁴	Pravium Gal	73 ⁰⁴	
110A	690 ⁴	Kal Seal	317 ⁰⁰	
		Material	1977 ⁰⁴	
		Less 30%	-593 ⁰⁸	
		Total		1384 ⁰¹
			4563.05	
			6.15%	
		SALES TAX		85 ¹³
		ESTIMATED TOTAL		3923 ⁰⁴

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.

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Rubow R-WSW
 API # 15-205-28335-00-00
 SPUD DATE 12-10-14

Footage	Formation	Thickness	Set 20' of 8 5/8" TD 966'
2	Topsoil	2	
	lime	31	Ran 965.5' of 4 1/2 on 12-11-14
139	shale	106	
157	lime	18	
229	shale	72	
259	lime	30	
314	shale	55	
524	lime	210	
605	shale	81	
617	lime	12	
620	shale	3	
632	lime	12	
721	shale	89	
742	lime	21	
745	shale	3	
754	lime	9	
785	shale	31	
808	lime	23	
934	shale	126	
940	sandy/shale	6	good odor, slight bleed
947	shale	7	
959	oil sand	12	good odor, good bleed
966	sandy/shale	7	