

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238723
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: _____

1238723

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: 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

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

1469
1420

TICKET NUMBER 50729

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
820-431-8210 or 880-467-8878

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-14	7752	Rubow #2 - E13	NE 6	27	17	WIC
CUSTOMER			TRUCK #			
SEC Resources LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
8614 Cedarhurst Dr			DRIVER			
CITY			TRUCK #			
HOUSTON			DRIVER			
STATE			TRUCK #			
TX			DRIVER			
ZIP CODE			TRUCK #			
77035			DRIVER			

JOB TYPE Surface HOLE SIZE 9 1/2 HOLE DEPTH 68' CASING SIZE & WEIGHT 7"
 CASING DEPTH 22' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5'
 DISPLACEMENT 1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 482M

REMARKS: Hold safety meeting, Establish circulation thro 7" casing.
Mix + Pump 25' sks 50/50 Por Mix Cement 2% Gel 5"
Kal Seal /sk. Cement to surface. Displace 7" clean w/
1.8 BBL Water. Shut in casing

Hot Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement 36R		870 ⁰⁰
5406	-	MILEAGE		NIC
5402	22	Casing Footage		NIC
5407A	85.31	Ten Miles	545	120 ²⁹
5501C	1 hr	Transport	505/7106	120 ⁰⁰
1124	2155	25 sks 50/50 Por Mix Cement	287 ⁵⁰	
1118B	42 ⁰⁰	Premium Gel	9 ²⁵	
1110A	125 ⁰⁰	Kal Seal	57 ⁵⁰	
		Material	254 ²⁵	
		less 30%	106 ²⁷	
		Total		247 ²⁷
			1486.32	
		SALES TAX		15 ²⁵
		ESTIMATED TOTAL		1373 ⁵¹

Form 5727

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.



TICKET NUMBER 50733
 LOCATION Ottawa KS
 FOREMAN Fred Maden

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
12.10.14	7752	Rubow # R - E 13	NE 6	27	17	WL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
SCZ Resources LLC			495	Fred Mad		
MAILING ADDRESS			712	Har Bee		
8614 Cedarspur Dr			675	Kid Det		
CITY	STATE	ZIP CODE	548	Dan Wha		
Houston	Tx	77055				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1002 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 993 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.78 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix Pump 100# Gel
Flush. Mix Pump 142 sks 50/50 Por Mix Cement 2% Gel 5# Kal
Seal/sk. 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.

Hot Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	-	MILEAGE		N/C
5402	993'	Casing Footage		N/C
5407A	484.58	Ton Miles	548	683 ²⁶
5502C	2 hrs.	80 BBL Vac Truck	675	200 ⁰⁰
1124	142 sks	50/50 Por Mix Cement	11633 ⁰⁰	
1118B	339*	Premium Gel	7458	
1110A	710*	Kal Seal	326 ⁶⁰	
		Material	2034 ¹⁸	
		less 30%	- 610 ²⁵	
		Total		1423 ⁹³
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			4158.86	
			6.15%	SALES TAX
				ESTIMATED
				TOTAL #
				6939
				3511 ⁰⁸

Havin 3797

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-E13
 API # 15-205-28329-00-00
 SPUD DATE 12-3-14

Footage	Formation	Thickness	Set 22' of 7"
2	Topsoil	2	TD 1002'
	lime	6	Ran 993' of 2 7/8 on 12-10-14
120	shale	112	
137	lime	17	
195	shale	58	
230	lime	35	
245	shale	15	
249	lime	4	
310	shale	61	
392	lime	82	
399	shale	7	
508	lime	109	
547	shale	39	
551	lime	4	
599	shale	48	
611	lime	12	
706	shale	95	
709	lime	3	
714	shale	5	
733	lime	19	
770	shale	37	
796	lime	26	
808	shale	12	
829	sandy/shale	21	good odor, light show
915	shale	86	
924	sandy/shale	9	slight odor, no show
933	black sand/shale	9	slight odor, no show
942	oil sand	9	good odor, great bleed
971	sand(grey)	29	water sand
1002	shale	31	