

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1239038

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div> <div>CASING RECORD</div> <div> <input type="checkbox"/> New <input type="checkbox"/> Used </div> </div> <div>Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD or ENHR.			Producing Method:					
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
--	--	---

Form	ACO1 - Well Completion
Operator	SCZ Resources, LLC
Well Name	RUBOW R-G15
Doc ID	1239038

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	10	7	23	20	Portland	6	
Production	6	2.875	8	995	Portland	140	50/50/ Poz



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

TICKET NUMBER 50654

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11.14.14	7752	Rubow # R-G 15	NE 6	27	15	WL
CUSTOMER <u>SCZ Resources LLC</u>						
MAILING ADDRESS <u>8614 Cedar spur Dr</u>						
CITY <u>Houston</u>	STATE <u>Tx</u>	ZIP CODE <u>77055</u>	TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>712</u>	<u>Fre Mad</u>		
			<u>495</u>	<u>Har Bar</u>		
			<u>505/7106</u>	<u>Mat Cox</u>		
			<u>503</u>	<u>TroHov</u>		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1002 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 995 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*
6 gal Flush. Mix + Pump 140 SKS 50/50 Poz Mix Cement 2 7/8 Gal
5" Kol Seal/sk. Cement to Surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to casing top. Pressure to 800* PSI.
Release pressure to set float valve. Shut in Casing.

Hot Drilling. Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1086 ⁰⁰
5406	—	MILEAGE		N/C
5402	995	Casing footage		N/C
5407A	4177.75	Ton Miles	503	673 ⁶³
5501C	2 hrs	Transport	505/7106	240 ⁰⁰
1124	140 SKS	50/50 Poz Mix Cement	1610 ⁰⁰	
1115B	336*	Premium Gel	739 ²³	
1110A	700*	Kol Seal	322 ⁰⁰	
			2005 ²³	
			- 601 ²³	
				1404 ¹⁴
				29 ⁰⁰
			4127.91	
			SALES TAX	88 ²⁷
			ESTIMATED TOTAL	3520 ⁴⁴

Revin 3737

AUTHORIZATION

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-G15
API # 15-205-28286-00-00
SPUD DATE 11-12-14

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 1002'
3	clay	1	Ran 995' of 2 7/8 on 11-13-14
9	lime	6	
113	shale	104	
138	lime	25	
179	shale	41	
250	lime	71	
303	shale	63	
505	lime	203	
574	shale	69	
578	lime	4	
602	shale	24	
620	lime	18	
651	shale	31	
673	lime	22	
690	shale	17	
694	lime	4	
701	shale	7	
705	lime	4	
712	shale	7	
733	lime	21	
765	shale	32	
800	lime	35	
810	shale	10	
818	sand	8	good bleed, good odor
825	sandy sh	3	
828	sand	3	decent bleed
925	shale	97	
942	oil sand	17	good bleed good odor
985	sand	43	water sand
1002	shale	17	