

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239776
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: _____

1239776

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

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

1175
1156
1175
INVOICE # 802387

TRIP NUMBER 47791 ¹¹⁵⁶ ₁₁₇₅
LOCATION Oakley KS
FOREMAN Dane Retzlaff

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-14	1487	#1 D Scheetz	4	14	32	Logan
CUSTOMER			Oakley South to Mustang 1w 15			
Mailing Address			Blake Exploration			
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE			456	Jordan		
ZIP CODE			530	Lance		

JOB TYPE Port Collar HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 4543 DRILL PIPE _____ TUBING 2 7/8 OTHER Dr at 2382
 SLURRY WEIGHT _____ SLURRY VOL 1.5A WATER gal/sk 8.09 CEMENT LEFT in CASING _____
 DISPLACEMENT 12.79 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up Test tool at 300. Open tool Blow established. Mix 300 sks 60/40. Cement did circulate. Test tool at 700. Reverse clean.

Thanks Dane + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1785.00	1785.00
5406	25	MILEAGE	5.25	131.25
5407	12.9	Tsn Mileage Delivery	1.75	564.37
1131	300 sks	60/40 Poz mix	15.86	4758.00
1118B	1548	Bentonite	.27	417.96
1107	75	Flt Seal	2.97	222.75
			Sub	7879.33
			less 10%	7091.40
			Total	7091.40
			SALES TAX	1371.70
			ESTIMATED TOTAL	7463.10

Ravin 3737

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.



CONSOLIDATED
Oil Well Services, LLC

813

INVOICE #80246

T. TICKET NUMBER 47737 ⁹⁰⁷ ₉₁₆
LOCATION Oakley KS
FOREMAN Kelly Gabel
Miles shaw

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-14	1487	#1 D Scheetz	4	145	32W	logan ^{KS}
CUSTOMER Blake Exploration			OAKLEY			
MAILING ADDRESS			5 to Mustang Rd W			
CITY			15 W 4 M. N. O			
STATE			TRUCK #			
ZIP CODE			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE ROAD - PC HOLE SIZE 7 7/8 HOLE DEPTH 4547 CASING SIZE & WEIGHT 5 1/2 14#
CASING DEPTH 4543 DRILL PIPE _____ TUBING DCSERIAL # 14110398 OTHER PC @ 2341.59
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 43.35
DISPLACEMENT 1.08 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on val #4, ran float equip. on JTS
CENT - 3, 11, 13, 18, 5 | baskets - 2, 7, 13, 17, 49 ran pipe to bottom
circulated for hrs, pumped 5 bbl water mud flush 5 bbl water
plugged RTT + MH, mixed 125 SKS OWC 5# gilsonite 3# gel, washed
up, released plug, displaced with 112 bbl water 1200# lift
plug landed @ 1500# released pressure float held.

*Thank You
Kelly Gabel*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3125.00	3125.00
5406	2.5	MILEAGE	53.5	131.25
5407	7.05	Ton mileage delivery	175	308.43
1126	200x SKS	OWC	23.70	4740.00
110A	750#	Kalseal	1.56	420.00
1144G	500gal	Mud flush	1.00	500.00
4104	5	5 1/2 basket (w)	290.00	1450.00
4130	5	5 1/2 centralizer	61.00	305.00
4203	1	5 1/2 Guide shoe (I)	202.75	202.75
4228B	1	5 1/2 insert (I)	216.50	216.50
4285	1	5 1/2 Part collar (I)	2178.75	2178.75
4405	1	5 1/2 Rubber Plug (I)	92.50	92.50
			Sub	13,720.82
			EXP	1,322.08
			NET	12,398.74
			SALES TAX	165.76
			ESTIMATED TOTAL	13043.93

Revin 3737

AUTHORIZATION Antonia Ramirez TITLE _____ DATE 11-14-14

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CONSOLIDATED
Oil Well Services, LLC

839

...KET NUMBER 47779 ⁷²⁴ ₇₃₇

INVOICE # 80013

LOCATION Okley KS
FOREMAN Dane Retloff

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	
11/3/14	1481	D Schertz	4	14	32	Logan	
CUSTOMER			Mustang RD				
MAILING ADDRESS			1 west				
CITY			South + west into				
STATE			ZIP CODE				
TRUCK #		DRIVER		TRUCK #		DRIVER	
399		Mike					
460		Rob					
		Colin					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 229 CASING SIZE & WEIGHT 8 5/8 24 LBS
 CASING DEPTH 229 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk 6.7 CEMENT LEFT in CASING 20
 DISPLACEMENT 13.34 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety working rig up. Break circ. Mix 170 sks Class A 396 c.c. 2% gel
Displace 13 1/4 ABIs. Shut in. Cement circ. circulate

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00
5406	25	MILEAGE	5.25	131.25
5407A	8.0	Ton Mileage Delivery (min)	1.75	430.00
11645	170 SKS	Class A	18.55	3153.50
1102	479	Calcium Chloride	.94	450.26
1112A	319	Bentonite	.27	86.13
			Total	5461.14
			100%	540.11
			Total	4861.03
			SALES TAX	254.04
			ESTIMATED TOTAL	5115.08

Rev'n 3737 AUTHORIZATION [Signature] TITLE _____ DATE _____

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**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Blake Exploration

4-14s-32w Logan, KS

PO Box 150
Bogue KS 67625

D Scheets #1

Job Ticket: 58629

DST#: 4

ATTN: Mike Davignon

Test Start: 2014.11.12 @ 19:20:00

GENERAL INFORMATION:

Formation: **Jonhson Zone**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:02:00

Time Test Ended: 04:02:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Justin Harris

Unit No: 58

Interval: **4425.00 ft (KB) To 4450.00 ft (KB) (TVD)**

Total Depth: 4470.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 2865.00 ft (KB)

2856.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 6625

Inside

Press@RunDepth: 24.49 psig @ 4426.00 ft (KB)

Start Date: 2014.11.12

End Date:

2014.11.13

Start Time: 19:20:01

End Time:

04:02:00

Capacity: 8000.00 psig

Last Calib.: 2014.11.13

Time On Btm: 2014.11.12 @ 22:01:30

Time Off Btm: 2014.11.13 @ 00:34:30

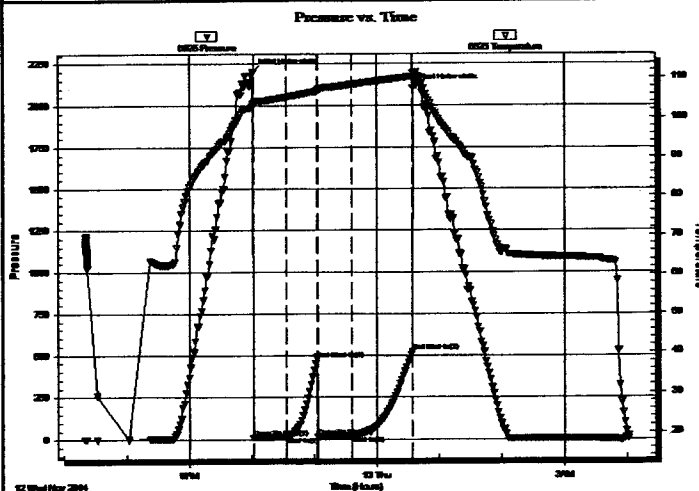
TEST COMMENT: 30: Weak surface blow to 1"

30: No Return.

30: No Blow.

60: No Return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2201.11	103.39	Initial Hydro-static
1	13.84	103.16	Open To Flow (1)
32	19.82	105.18	Shut-In(1)
61	477.73	106.63	End Shut-In(1)
62	19.96	107.14	Open To Flow (2)
94	24.49	108.33	Shut-In(2)
153	521.81	110.40	End Shut-In(2)
153	2104.19	111.28	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud with oil spots	0.05

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Blake Exploration

4-14s-32w Logan, KS

PO Box 150
Bogue KS 67625

D Scheets #1

Job Ticket: 58628

DST#: 3

ATTN: Mike Davignon

Test Start: 2014.11.11 @ 21:20:00

GENERAL INFORMATION:

Formation: **Myric Station**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 23:52:00

Time Test Ended: 04:58:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Justin Harris

Unit No: 58

Interval: **4290.00 ft (KB) To 4380.00 ft (KB) (TVD)**

Total Depth: 4380.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 2865.00 ft (KB)

2856.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 6625

Inside

Press@RunDepth: 47.41 psig @ 4291.00 ft (KB)

Start Date: 2014.11.11

End Date:

2014.11.12

Capacity:

8000.00 psig

Last Calib.:

2014.11.12

Start Time: 21:20:01

End Time:

04:58:00

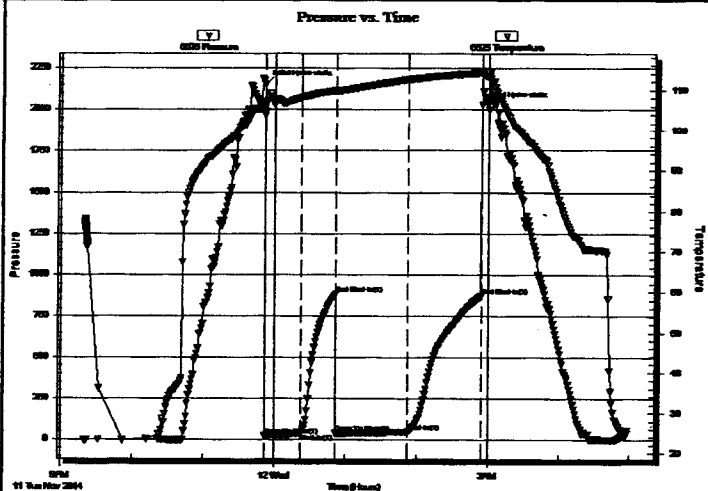
Time On Btm:

2014.11.11 @ 23:51:30

Time Off Btm:

2014.11.12 @ 02:54:30

TEST COMMENT: 30: Weak surface blow build to 3".
30: No Return.
60: Weak surface Blow build to 1".
60: No Return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2150.45	104.71	Initial Hydro-static
1	22.34	103.75	Open To Flow (1)
31	35.75	108.10	Shut-In(1)
60	885.54	109.81	End Shut-In(1)
61	38.40	109.83	Open To Flow (2)
121	47.41	112.53	Shut-In(2)
183	873.48	114.13	End Shut-In(2)
183	2027.27	114.44	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
78.00	gocm 5g 5o 90m	0.84

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Blake Exploration

4-14s-32w Logan,KS

PO Box 150
Bogue KS 67625

D Scheets #1

Job Ticket: 58627

DST#: 2

ATTN: Mike Davignon

Test Start: 2014.11.09 @ 18:26:00

GENERAL INFORMATION:

Formation: LKC "F"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 21:18:00

Time Test Ended: 02:46:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Justin Harris

Unit No: 58

Interval: 3940.00 ft (KB) To 3970.00 ft (KB) (TVD)

Total Depth: 3970.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 2865.00 ft (KB)

2856.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 6625

Inside

Press@RunDepth: 323.38 psig @ 3941.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.11.09

End Date: 2014.11.10

Last Calib.: 2014.11.10

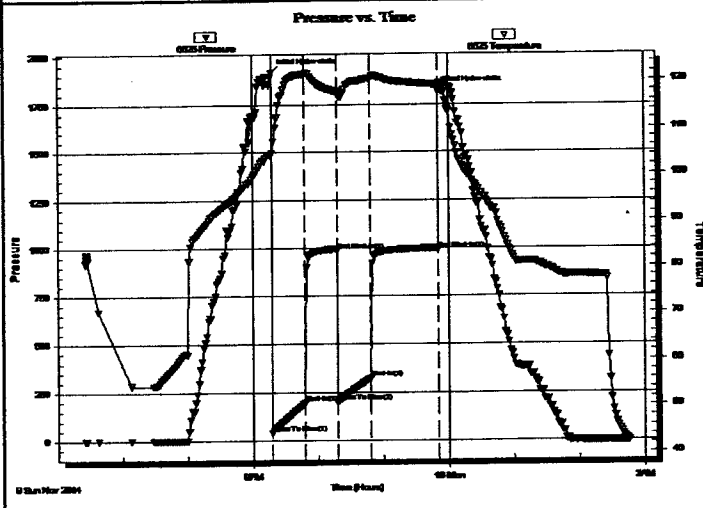
Start Time: 18:26:01

End Time: 02:46:00

Time On Btm: 2014.11.09 @ 21:17:30

Time Off Btm: 2014.11.09 @ 23:50:30

TEST COMMENT: 30: B.O.B in 3 1/2 mins.
30: Weak surface blow build to 2".
30: B.O.B in 3 1/2 min.
60: Weak surface blow.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1914.09	104.24	Initial Hydro-static
1	37.94	104.37	Open To Flow (1)
31	193.62	121.47	Shut-In(1)
60	985.20	117.69	End Shut-In(1)
61	199.58	117.33	Open To Flow (2)
91	323.38	120.46	Shut-In(2)
153	990.11	119.11	End Shut-In(2)
153	1818.26	119.32	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
126.00	gmco 20g 20m 60o	1.51
441.00	gmco 25g 5m 70o	6.19
131.00	clean oil 5g 95o	1.84

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Blake Exploration

4-14s-32w Logan, KS

PO Box 150
Bogue KS 67625

D Scheets #1

Job Ticket: 58626

DST#: 1

ATTN: Mike Davignon

Test Start: 2014.11.09 @ 01:29:20

GENERAL INFORMATION:

Formation: Lansing "C"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:47:50

Time Test Ended: 09:13:20

Test Type: Conventional Bottom Hole (Initial)

Tester: Justin Harris

Unit No: 58

Interval: 3890.00 ft (KB) To 3915.00 ft (KB) (TVD)

Total Depth: 3915.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 2865.00 ft (KB)

2856.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 8319

Outside

Press@RunDepth: 904.89 psig @ 3891.00 ft (KB)

Start Date: 2014.11.09

End Date:

2014.11.09

Start Time: 01:29:21

End Time:

09:13:20

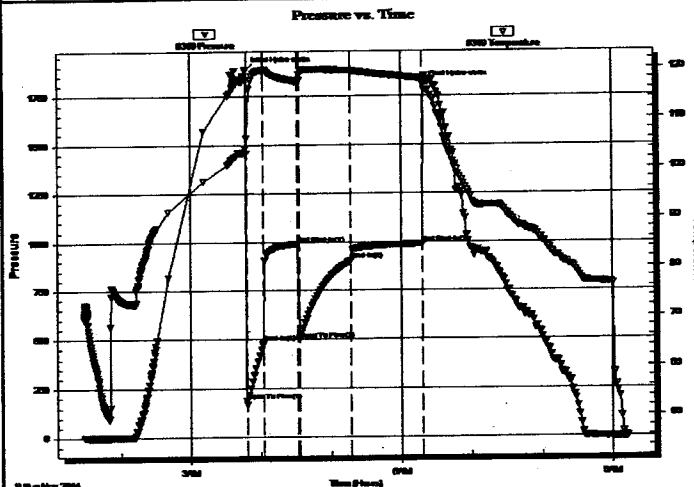
Capacity: 8000.00 psig

Last Calib.: 2014.11.09

Time On Btrn: 2014.11.09 @ 03:47:20

Time Off Btrn: 2014.11.09 @ 06:18:50

TEST COMMENT: 15: B.O.B. in 1 min.
30: No Return.
45: B.O.B in 1 mins 30 sec.
60: Weak surface blow .



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1879.18	104.00	Initial Hydro-static
1	189.15	102.94	Open To Flow (1)
15	482.37	119.77	Shut-In(1)
45	990.77	117.27	End Shut-In(1)
46	495.88	117.60	Open To Flow (2)
90	904.89	119.61	Shut-In(2)
151	988.46	117.94	End Shut-In(2)
152	1801.76	117.44	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
189.00	gmcw 1g 20m 79w	2.40
31.00	clean oil	0.43
315.00	gw co 5g 5w 90o	4.42
630.00	gocw 10g 10o 80w	8.84
819.00	gocw 1g 5o 94w	11.49

Gas Rates

Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)