

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1242094

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: _____



1242094

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 (Attach Additional Sheets)	<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 (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 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	--



CONSOLIDATED
Oil Well Services, LLC

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

Invoice # 802346
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50694 1262
LOCATION Ottawa 1211
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-25-14	4448	Loomer KR-13	SE 31	16	22	M.

CUSTOMER		TRUCK #		DRIVER	
Kansas Resources Ed		730	Ala Mader	Safety	Mael
MAILING ADDRESS		368	Al Mader		
9393 W 110th		369	M. K. Hagg		
CITY		510	Dave Webb		
Overland Park					
STATE	ZIP CODE				
KS	66210				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 753 CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 740.75 DRILL PIPE _____ TUBING _____ OTHER 6 ft 713.10
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.15 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm
 REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 98 sk 50150 cement plus 2 1/2 gal & 1/2# pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Waylon Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5426	20	MILEAGE	368	840.00
5402	740.75	casing footage	368	272,600.00
5407	1/2 mi	ten miles	510	184.50
3502L	1 1/2	80 gal	369	150.00
1124	98	50150 cement	1127.00	110,486.00
1118B	265#	gel	58.00	15,370.00
1107A	49#	pheno seal	66.15	3,241.35
		material sub	1251.45	
		less 30%	375.44	
		material total		876.01
4402	1	2 1/2 plug		29.50
		completed	2881.94	
		SALES TAX		6927.18
		ESTIMATED TOTAL		2477.78

Revin 3737

AUTHORIZATION

No company rep
J. M. DKD

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.

SPUD DATE: 11-24-14
 FINISH DATE: 11-24-14
 LEASE: Loomer
 LEASE OPERATOR: KRED
 WELL: KA-13
 API: 15-121-30848
 SEC: 31 TWP: 16 RNG: 22
 COUNTY: Miami
 DRILLERS NAME: Waylon Johns
 RIG #: 2



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 11" LENGTH 20' SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8" LENGTH 740.75" SIZE 2 7/8" New BAFFLE 27.65"
 TD 753 CORED No Core

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil/Clay	8	0	8	Lime KC	5	354	359
Lime	4	8	12	Shale	22	359	381
Shale	15	12	27	Grey Sand No Oil Show	3	381	384
Lime	16	27	43	Shale	73	384	457
Shale	22	43	65	Shale Some Broken Grey Sand No Show	11	457	468
Lime	14	65	79	Shale	57	468	525
Shale	100	79	179	Lime	8	525	533
Lime	2	179	181	Shale	4	533	537
Shale	1	181	182	Lime	4	537	541
Lime	16	182	198	Shale	24	541	565
Shale	15	198	213	Lime	4	565	569
Lime	3	213	216	Shale	16	569	585
Shale	19	216	235	Lime	4	585	589
Lime	1	235	236	Shale	4	589	593
Shale	1	236	237	Lime	5	593	598
Lime	4	237	241	Shale	6	598	604
Shale	2	241	243	Lime	1	604	605
Coal	6	243	249	Shale	12	605	617
Shale	8	249	257	Lime	5	617	622
Lime	11	257	268	Shale	14	622	636
Shale	1	268	269	Shale 20% Grey Sand Small No Bleed	2	636	638
Lime	2	269	271	20% Broken Oil Sand Good Bleed	4	638	642
Shale	16	271	287	Lime	2	642	644
Lime	25	287	312	Oil Sand Good Bleed	2	644	646
Shale	1	312	313	50% Broken Oil Sand Good Bleed	3	646	649
Coal	2	313	315	20% Broken Oil Sand Good Bleed	3	649	652
Shale	3	315	318	50% Broken Oil Sand Bleed	1	652	653
Lime	23	318	341	Shale 20% Grey Sand No Bleed	4	653	657
Shale	4	341	345	Shale TD	96	657	753
Lime	4	345	349				
Shale	5	349	354				