



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242103
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: _____



1242103

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

1491
1440
INVOICE # 802639

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50748
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-14	4448	Loomer # KR-5	SE 31	16	22	M.
CUSTOMER Kansas Resources E&D			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th			730 Alameda Safety Meet			
CITY STATE ZIP CODE Overland Park KS 66810			868 Dal. McD			
			369 Mik Hag			
			503 Trober			

JOB TYPE logstring HOLE SIZE 5 7/8 HOLE DEPTH 761 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 748.40 DRILL PIPE _____ TUBING _____ OTHER 717.70
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 4.17 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100 # gel followed by 112 sk 50/50 cement plus 2% gel & 1/2 # phen seal per sack. Circulated cement. Flashed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Waylon Utah
Muddy conditions
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5421	1	PUMP CHARGE	368	1085.00
5426	15	MILEAGE	368	63.00
5422	748.40	Casing footage	368	
5427	min	ten miles	50.3	368.00
55026	2	80 vac	369	200.00
11251	112	50/50 Cement	1288.00	
118B	288 #	gel	63.36	
1107A	56 #	Phenoseal	75.60	
		Material sub	1426.96	
		less 30% -	428.09	
		Material total		998.87
4402	1	2 1/2 in Rubber plug		29.52
				3283.88

SALES TAX 78.67
ESTIMATED TOTAL 2823.04
AUTHORIZATION Simokid 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 f

SPUD DATE: 12-10-14
 FINISH DATE:
 LEASE: Laomer
 LEASE OPERATOR: KRED
 WELL: Kh-5
 API: 15-121-30845
 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 6 Bags
 DRILL BIT SIZE 5/8" LENGTH 748.40 SIZE 2 7/8 Used BAFFLE 30.70
 TD 761 CORED No Core

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil/Clay	10	0	10	Shale	20	377	397
Lime	2	10	12	Grey Sand No Show	4	397	401
Shale	4	12	16	Shale	76	401	477
Lime	12	16	28	Shale Some Broken Grey Sand No Show	11	477	488
Shale	1	28	29	Shale	57	488	539
Lime	1	29	30	Lime	8	539	547
Shale	12	30	42	Shale	7	547	554
Lime	16	42	58	Lime	3	554	557
Shale	23	58	81	Shale	22	557	579
Lime	13	81	94	Lime	8	579	587
Shale	101	94	195	Shale	5	587	602
Lime	19	195	214	Lime	3	602	605
Shale	15	214	229	Shale	4	605	609
Lime	2	229	231	Lime	3	609	612
Shale	18	231	249	Shale	5	612	617
Lime	8	249	257	Lime	5	617	622
Shale	16	257	273	Shale	2	622	624
Lime	10	273	283	Lime	3	624	627
Shale	2	283	285	Shale	9	627	636
Lime	1	285	286	Lime	2	636	638
Shale	16	286	302	Shale	16	638	654
Lime	11	302	313	Shale 20% Grey Sand Small No Bleed	3	654	657
Shale	2	313	315	Oil Sand Some Shale streaks Good Bleed	7	657	664
Lime	13	315	328	Shale Broken Oil Sand Good Bleed	1	664	665
Shale	8	328	336	Solid Oil Sand Heavy Bleed	4	665	669
Lime	21	336	357	Shale 20% Oil Sand Very Light Bleed	4	669	673
Shale	2	357	359	Shale TD	88	673	761
Coal	2	359	361				
Lime	7	361	368				
Shale	2	368	370				
Lime	7	370	377				