



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242112
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: _____



1242112

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 <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:				

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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INVOICE #802357

1274
1226



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50709

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
11-26-14	4448	Loomer KR-14	SE 31	16	22	MI
CUSTOMER <u>Kansas Resources Expl + Dev</u>			TRUCK #			
MAILING ADDRESS <u>7393 W 110th St</u>			DRIVER			
CITY <u>Overland Park</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66200</u>			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 761 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 754 DRILL PIPE Baffle TUBING 724.15 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 4.21 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 118 SKS 50/50 Por Mix Cement 2% Gel 1/2% Phen Seal/sk. Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber Plug to Baffle in casing. Pressure to 800# PSI. Release pressure to set float valves. Shut in casing.

Utah Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	10 mi	MILEAGE	495	42.00
5402	754	Casing footage		NK
5407	1/2 Minimum	Ton Miles	510	184.00
5502	1 hr	80 BBL Vac Truck	369	150.00
1124	118 SKS	50/50 Por Mix Cement	1357.00	
118B	299#	Premium Gel	65.28	
1107A	59#	Pheno Seal	79.65	
		Material	1502.43	
		Less 30%	-450.73	
		Total		1051.70
4402	1	2 1/2" Rubber Plug		29.50
			3110.12	
			7.65%	SALES TAX
				ESTIMATED
				TOTAL

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.



2394 UTAH ROAD
RANTOUL, KS 66079

SPUD DATE: 11-26-14
 FINISH DATE: 11-26-14
 LEASE: Lowner
 LEASE OPERATOR: KRED
 WELL: KR-14
 API: 15-121-30532
 SEC: 31 TWP: 16 RNG: 22
 COUNTY: Miami
 DRILLERS NAME: Waylon Schuss
 RIG #: 2

SURFACE: SIZE BIT 11" LENGTH 20' SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5/16" LENGTH 754.00 SIZE 2 1/2" New BAFFLE 29.85
 TD 761 CORED No Core

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil / Clay	9	0	9	Grey Sand No Oil Show	2	386	388
Lime	11	9	20	Shale	80	388	468
Shale	11	20	31	Shale Some Broken Sand No Oil Show	12	468	480
Lime	16	31	47	Shale	51	480	531
Shale	23	47	70	Lime	6	531	537
Lime	14	70	84	Shale	8	537	545
Shale	100	84	184	Lime	3	545	548
Lime	1	184	185	Shale	25	548	573
Shale	2	185	187	Lime	5	573	578
Lime	15	187	202	Shale	16	578	594
Shale	37	202	239	Lime	2	594	596
Lime	2	239	241	Shale	5	596	601
Shale	2	241	243	Lime	2	601	603
Lime	5	243	248	Shale	9	603	612
Shale	3	248	251	Lime	2	612	614
Coal	6	251	257	Shale	2	614	616
Shale	6	257	263	Lime	5	616	621
Lime	14	263	277	Shale	6	621	627
Shale	15	277	292	Lime	7	627	630
Lime	10	292	302	Shale	13	630	643
Shale	2	302	304	Shale 20% Grey Sand Some Oil No Show	3	643	646
Lime	14	304	318	50% Broken Oil Sand Good Bleed	1	646	647
Shale	6	318	324	Solid Oil Sand Good Bleed	4	647	651
Lime	2	324	326	50% Broken Oil Sand Light Bleed	2	651	653
Shale	2	326	328	Solid Oil Sand Bleed	5	653	658
Lime	18	328	346	50% Broken Oil Sand Light Bleed	3	658	661
Shale	4	346	350	20% Oil Sand Light Bleed	4	661	665
Lime	5	350	355	Shale TD	96	665	761
Shale	4	355	359				
Lime	6	359	365				
Shale	21	365	386				