



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242146
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: _____



1242146

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

272170

TICKET NUMBER 50527
LOCATION Ottawa KS
FOREMAN Fred Mader

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
10-24-14	4448	Loomer KR-25	31	16	22	Mi
CUSTOMER Kansas Resources Dev Inc			TRUCK #			
MAILING ADDRESS 9393 W 110th St			DRIVER			
CITY Overland Park			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66210			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 760' CASING SIZE & WEIGHT 2 1/2
CASING DEPTH 742.45 DRILL PIPE Baffle TUBING @ 710-60 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
DISPLACEMENT 4.13 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Hold Safety Meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 116 sks 50/50 Poz Mix Cement 2% Gel 1/2" Pheno 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 valve. Shut in casing.

Utah Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	84 ⁰⁰
5402	742.45	Casing footage		N/C
5407	Minimum	Ten Miles	548	368 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	675	150 ⁰⁰
1124	116 sks	50/50 Poz Mix Cement	1334 ⁰⁰	
1118B	295 [#]	Premium Gel	64 ²⁰	
1107A	58 [#]	Pheno Seal	78 ³⁰	
		Material	1477 ²⁰	
		Less 30%	-443 ¹⁶	
		Total		1024 ⁰⁴
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			3308.96	
		7.65%	SALES TAX	81 ³⁶
			ESTIMATED TOTAL	2831 ²⁰

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.

SPUD DATE: 10-22-14
 FINISH DATE: 10-23-14
 LEASE: Loomer
 LEASE OPERATOR: KRED
 WELL: KA-25
 API: 15-121-30750
 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 2 7/8" LENGTH 742.45" SIZE 2 7/8" Used BAFFLE 3185
 TD 761 CORED 620-690

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	5	0	5	Shale	3	322	325
Lime	15	5	20	Lime	22	325	347
Shale	11	20	31	Shale	4	347	351
Lime	16	31	47	Lime	5	351	356
Shale	1	47	48	Shale	3	356	359
Lime	2	48	50	Lime KC	7	359	366
Shale	21	50	71	Shale	107	366	473
Lime	14	71	85	Grey Sand No O.1 Show	4	473	477
Shale	97	85	182	Shale	57	477	534
Lime	2	182	184	Lime	8	534	542
Shale	1	184	185	Shale	6	542	548
Lime	17	185	202	Lime	3	548	551
Shale	11	202	213	Shale Some Coal	26	551	577
Lime	5	213	218	Lime Soft	6	577	583
Shale	19	218	237	Shale	16	583	599
Lime	1	237	238	Lime	5	599	603
Shale	3	238	241	Shale	4	603	607
Lime	4	241	245	Lime	4	607	611
Coal	5	245	250	Shale	6	611	617
Shale	12	250	262	Lime	1	617	618
Lime	11	262	273	Shale	1	618	619
Shale	1	273	274	Lime	5	619	624
Lime	2	274	276	Shale	2	624	626
Shale	15	276	291	Lime	1	626	627
Lime	11	291	302	Shale	11	627	638
Shale	1	302	303	Lime	4	638	642
Lime	11	303	314	Shale	12	642	654
Shale	1	314	315	Lime	1	654	655
Lime	1	315	316	Shale	7	655	662
Shale	4	316	320	Very Broken Grey Sand Small No Bleed	3	662	665
Coal	2	320	322	Shale 50% Brown Sand Very Light Bleed	4	665	669

