



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242148
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: _____



1242148

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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272023

TICKET NUMBER 50537
 LOCATION Ottawa
 FOREMAN Alan 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																				
10-21-14	4448	Loamer KR-29	SE 31	16	22	Mi																				
CUSTOMER Kansas Resources E&D			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>730</td> <td>AlaMad</td> <td>Safety</td> <td>Meat</td> </tr> <tr> <td>368</td> <td>AlMad</td> <td>D10P</td> <td>675</td> </tr> <tr> <td>369</td> <td>MikHag</td> <td>DNV</td> <td>1001</td> </tr> <tr> <td>558</td> <td>BruBir</td> <td>DNV</td> <td>1421</td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	730	AlaMad	Safety	Meat	368	AlMad	D10P	675	369	MikHag	DNV	1001	558	BruBir	DNV	1421
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MAILING ADDRESS 9393 W 116 th																										
CITY STATE ZIP CODE Overland Park KS 66210																										
JOB TYPE <u>long string</u> HOLE SIZE <u>3 1/8</u> HOLE DEPTH <u>784</u> CASING SIZE & WEIGHT <u>2 7/8</u>																										
CASING DEPTH <u>769.55</u> DRILL PIPE _____ TUBING _____ OTHER <u>738 bf</u>																										
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING <u>yes</u>																										
DISPLACEMENT <u>4.29</u> DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u> RATE <u>4 bpm</u>																										
REMARKS: <u>Held meeting. Established rate. Mixed & pumped 100# gel followed by 98 sk 50150 cement plus 22# gel & 1/2# pheno seal per sack. Circulated cement. Flushed pump. pumped plug to baffle. Well held 800 PSI Set float.</u>																										

Waylon Utah
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	20	MILEAGE	368	84.00
5402	769.55	casing footage	368	—
5407	mi	ten miles	558	368.00
5502C	1 1/2	80 sac	369	150.00
1124	98	50150 cement	1127.00	—
1118B	265#	gel	58.30	—
1107A	49#	pheno seal	66.15	—
		material sub	1251.45	—
		less 30%	-375.44	—
		material total		876.01
4402	1	2 1/2 plug		29.50
			3065.94	
		SALES TAX		69.28
		ESTIMATED TOTAL		2661.79

RAVIN 3737
 AUTHORIZATION no company rep Jim OKI TITLE _____ DATE 2661.79

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: 10-20-14
FINISH DATE: 10-21-14
LEASE: Loamer
LEASE OPERATOR: KRED
WELL: KR-29
API: 15-121-30751
SEC: 71 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 769.55' SIZE 2 7/8" Used BAFFLE 31.55'
 TD 784' CORED 657-677 "Lost all Core"

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil/clay	4	0	4	Lime	5	338	343
Sandstone	3	4	7	Shale	4	343	347
Shale	10	7	17	Lime KC	7	347	354
Lime	16	17	33	Shale	105	354	459
Shale	23	33	56	Grey Sand No Oil Show	4	459	463
Lime	14	56	70	Shale	59	463	522
Shale	15	70	85	Lime	7	522	529
Lime	2	85	87	Shale	6	529	535
Shale	82	87	169	Lime	3	535	538
Lime	2	169	171	Shale	25	538	563
Shale	1	171	172	Lime	6	563	569
Lime	16	172	188	Shale	16	569	585
Shale	16	188	204	Lime	3	585	588
Lime	3	204	207	Shale	5	588	593
Shale	18	207	225	Lime	3	593	596
Lime	2	225	227	Shale	10	596	606
Shale	2	227	229	Lime	1	606	607
Lime	4	229	233	Shale	13	607	620
Shale	3	233	236	Lime	1	620	621
Lime	1	236	237	Shale	1	621	622
Shale	12	237	249	Lime	5	622	627
Lime	12	249	261	Shale 2 1/2" Oil Sand Good Bleed	28	627	655
Shale	2	261	263	Shale 2 1/2" Oil Sand Light Bleed	1	655	656
Lime	2	263	265	Solid oil Sand good Bleed CP Lost all core	1	656	657
Shale	14	265	279	Solid oil Sand good Bleed	10	657	667
Lime	11	279	290	Lime	1	667	668
Shale	1	290	291	Oil Sand Good Bleed	1	668	669
Lime	14	291	305	Lime	1	669	670
Shale	8	305	313	Oil Sand Good Bleed	7	670	677
Lime	21	313	334	Lime	2	677	679
Coal	4	334	338	Oil Sand bleed	14	679	693

