



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242174
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: _____



1242174

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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271577

TICKET NUMBER 48243

LOCATION Ottawa

FOREMAN Alan Made

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	
9-23-14	4448	Cartwright KB-4	NE 23	18	21	Mi	
CUSTOMER Kansas Resources E&D			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS 9393 W 110th			730	Alana	Safety	Meat	
CITY STATE ZIP CODE Overland Park KS 66210			368	Mik	Tag		
			370	Mik	Fox		
			503	Tro	tor		
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	580	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	375.45	DRILL PIPE		TUBING		OTHER	543.85
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	3.16	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 85 sk 50/50 cement plus 2% gel & 1/2 phen seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Zack Sackman

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1082.00 ✓
5406	20	MILEAGE	368	8400 ✓
5402	575.45	Casing footage	368	211869 ✓
5407	1/2 mi	ton miles	503	18400 ✓
5502C	1	80 gal	370	10000 ✓
1124	85	50/50 cement	977.50	83087.50 ✓
1118B	143 #	gel	31.46	4500 ✓
11D7A	43 #	phen seal	58.05	2496 ✓
		material sup	1067.01	1067.01 ✓
		less 30%	-320.10	746.91 ✓
		material form		29.50 ✓
44102	1	2 1/2 plug		2633.39 ✓
				59.40 ✓
				2288.81 ✓

Ravin 3737

completed
no company rep
Jim OK'd

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.

RECEIVED SEP 26 2014

Jackman Oilfield Services
1 West Mulberry St.
Colony, KS 66015
620-852-3350

WELL LOG
Kansas Resource Exploration & Development, LLC
Cartwright KR-4

September 19, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
13.00	soil/clay	13.00	
21.00	lime	34.00	
20.00	shale	54.00	
3.00	lime	57.00	
43.00	shale	100.00	
14.00	lime	114.00	
7.00	shale	121.00	
29.00	lime	150.00	
11.00	shale	161.00	
22.00	lime	183.00	
6.00	shale	189.00	
13.00	lime	202.00	
140.00	shale	342.00	
7.00	grey sand	349.00	
1.00	lime	350.00	
14.00	shale	364.00	
14.00	lime	378.00	
39.00	shale	417.00	
3.00	coal	420.00	
7.00	lime	427.00	
16.00	shale	443.00	
3.00	lime	446.00	
17.00	shale	463.00	
13.00	lime	476.00	
12.00	shale	488.00	
2.00	lime	490.00	
2.00	coal	492.00	
2.00	lime	494.00	
1.00	lime w/oil bleed	495.00	
2.00	lime	497.00	
7.00	shale	504.00	
1.00	broken sand	505.00	good bleed

1.50	oil sand	506.50	heavy bleed
2.50	broken(90%)sand	509.00	heavy bleed
1.50	oil sand	510.50	heavy bleed
1.50	broken(98%)sand	512.00	heavy bleed
3.00	broken(90%)shale	515.00	light-med.bleed
8.00	grey sand	523.00	
24.00	shale	547.00	
1.00	lime	548.00	
32.00	shale	580.00	TD

Drilled a 9 7/8" hole to 19'7"

Drilled a 5 7/8" hole to 580'

Set 20' of 7" surface casing cemented with 5 sacks of portland cement

Set 543.85' of 2 7/8" round upset tubing. Baffle @ 575.45'

Cartwright KR-4