



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1242180  
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: \_\_\_\_\_



1242180

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

271201

TICKET NUMBER 48190  
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
9-17-14	4448	Cartwright KR-8	NE 23	18	21	Mi
CUSTOMER Kansas Resources E&D			TRUCK #			
MAILING ADDRESS 9393 W 110th			DRIVER			
CITY Overland Park			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66210			TRUCK #			
JOB TYPE <u>loss string</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>580</u>			DRIVER			
CASING DEPTH <u>567.3</u>			TRUCK #			
DRILL PIPE			DRIVER			
TUBING			TRUCK #			
OTHER <u>536.40</u>			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT in CASING			DRIVER			
DISPLACEMENT <u>3.12</u>			TRUCK #			
DISPLACEMENT PSI <u>800</u>			DRIVER			
MIX PSI <u>200</u>			TRUCK #			
RATE <u>4 bpm</u>			DRIVER			
REMARKS: <u>Held meeting. Established rate. Mixed &amp; pumped 100# gel followed by 241# sk 50/150 cement plus 2% gel + 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.</u>						

Zack Sackman

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	567.3	Casing footage	368	208971.60 ✓
5407	1/2 min	ton miles	510	184.50 ✓
5502L	1 1/2	80 vac	370	150.00 ✓
1124	84	50/150 Cement	966.00	81144.00 ✓
1118B	241#	gel	53.02	12777.62 ✓
1107A	42	Phenoseal	36.70	1540.14 ✓
		Material syb	1075.72	
		less 30% -	322.72	
		material total		753.00 ✓
4402	1	2 1/2 plugs		29.50 ✓
				2692.71

Completed

2692.71

SALES TAX 59.84 ✓  
ESTIMATED TOTAL 2345.34 ✓  
AUTHORIZATION Jim Okid 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.

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

WELL LOG  
Kansas Resource Exploration & Development, LLC  
Cartwright KR-8

September 15, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
19.00	soil/clay	19.00	
21.00	lime	40.00	
19.00	shale	59.00	
4.00	lime	63.00	
42.00	shale	105.00	
15.00	lime	120.00	
8.00	shale	128.00	
29.00	lime	157.00	
9.00	shale	166.00	
26.00	lime	192.00	
4.00	shale	196.00	
13.00	lime	209.00	
138.00	shale	347.00	
1.00	lime	348.00	
8.00	sandy shale	356.00	
16.00	shale	372.00	
14.00	lime	386.00	
2.00	sandy shale	388.00	
2.00	grey sand	390.00	light gas smell;very light bleed
8.00	grey sand	398.00	
22.00	shale	420.00	
3.00	coal	423.00	
4.00	shale	427.00	
7.00	lime	434.00	
12.00	shale	446.00	
3.00	lime	449.00	
2.00	coal	451.00	
12.00	shale	463.00	
9.00	lime	472.00	
15.00	shale	487.00	
2.00	lime	489.00	
2.50	shale	491.50	

4.50	lime	496.00	
7.00	shale	503.00	
1.50	broken sand	504.50	light bleed
3.00	oil sand	507.50	good med.bleed
2.00	broken sand	509.50	no bleed
1.00	70%shale/brokensand	510.50	light bleed
1.50	90%shale/brokensand	512.00	no bleed
68.00	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 567.30' of 2 7/8" round upset tubing. Baffle @ 536.40'

Cartwright KR-8