



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242364
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: _____



1242364

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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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271098



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 48172
LOCATION Off-gas
FOREMAN Alan 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
9-10-14	4448	Doherty KB-33	NW 24	17	22	Mi
CUSTOMER Kansas Resources E+D			TRUCK #			
MAILING ADDRESS 9393 W 110th			DRIVER			
CITY Overland Park			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66210			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 3 7/8 HOLE DEPTH 638 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 476.20 DRILL PIPE 140' TUBING _____ OTHER bit 445.15
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2.6 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 50# gel followed by 28sk 50/150 cement plus 200 gel and 1/2 pheno seal per sack, to plug back bottom 150' of open hole. Pulled drill steel out and clamped off casing. Mixed & pumped 70 sk 50/150 cement plus 200 gel 1/2 pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Utah, Bonnie

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	105.00 ✓
5402	476.2	casing footage	368	— ✓
5407	min	ten miles	548	368.00 ✓
5502C	2	80 vac	370	200.00 ✓
112M	98 sk	50/150 cement	1127.00	✓
1118B	215#	gel	47.30	✓
1107A	49#	pheno seal	66.15	✓
		Material sub	1240.45	✓
		less 30%	- 372.14	✓
		material total		868.31 ✓
4402		2 1/2 plug		27.50 ✓
COMPLETED				
			3093.34	
		SALES TAX		68.69 ✓
		ESTIMATED TOTAL		2724.50 ✓

Revin 3737

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.

SPUD DATE:	8 Sept 14	
FINISH DATE:	10 Sept 14	
LEASE:	Doherty	
LEASE OPERATOR:	KRED	
WELL:	KR-33	
API:	15-121-30305	
SEC:	TWP:	RNG:
COUNTY:	Miami	
DRILLERS NAME:	Ronnie Howard	
RIG #:	1	



2394 UTAH ROAD
RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 22' 5" SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8 LENGTH 476.20 SIZE 2 7/8 BAFFLE 31.05
 TD 638 CORED 370-390, 618-638

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
clay	15	0	15	Limey Sand	3	380	383
Shale	12	15	26	Shale	3	383	386
Lime	2	26	28	Lime	4	386	390
Shale	1	28	29	Shale	4	390	394
Lime	20	29	49	Lime (Heavy Bleed. Soft)	4	394	398
Shale	11	49	60	Lime	5	398	403
Lime	4	60	64	Shale	35	403	438
Shale	37	64	101	Lime	8	438	446
Lime	17	101	118	Shale	16	446	462
Shale	11	118	129	Lime	3	462	465
Lime	11	129	140	Shale	6	465	471
Shale	1	140	141	Coal	1	471	472
Lime	14	141	156	Shale	11	472	483
Coal	5	156	161	Lime	7	483	490
Lime	20	161	181	Shale	20	490	510
Coal	3	181	184	Lime	2	510	512
Lime	14	184	198	Shale	2	512	514
Coal	2	198	200	Lime	2	514	516
Shale	26	200	236	Coal	4	516	520
gray Sand (No show)	6	236	242	Shale	6	520	526
Shale	12	242	340	Lime	4	526	530
Coal	1	340	341	Shale	10	530	540
Shale	5	341	346	Coal	14	540	554
Red Bed	4	346	350	Coal	4	554	558
Shale	14	350	364	Shale	4	558	562
Broken Sand (20% No show)	2	364	366	Coal	4	562	566
Shale	2	366	368	Shale	3	566	569
* Broken Sand (30% Smelly)	2	368	370	oil Sand (No show)	7	569	576
Limey Sand (Some Smell)	4	370	374	Coal	3	576	579
oil Sand (great bleed)	3	374	377	Shale	11	579	590
Limey Sand	3	377	380	Lime	2	590	592

