



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242387
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: _____



1242387

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"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

1471
1422
INVOICE #802623
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50745
LOCATION Office
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-9-14	4448	Harra KR-23	NW 13	17	22	M.
CUSTOMER Kansas Resources E&D			TRUCK #			
MAILING ADDRESS 9353 W 110th			DRIVER			
CITY Overland Park KS			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66210			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 510 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 492.80 DRILL PIPE _____ TUBING _____ OTHER 466.10
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 2.7 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: held meeting. Established rate Mixed & pumped 100# gel followed by 73 sk 50/50 cement plus 2% gel + 1/2# phenoseal per sack. Circulated cement. Flashed pump, pumped plug to baffle, well held 800 PSI. Set float.

Ron Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	368	1085.00
5706	25	MILEAGE	368	105.00
5702	492.80	casing footage	368	
5707	1/2 mi	ton miles	358	187.00
5702C	1 1/2	80 vac	369	153.00
1124	2157 73	50/50 cement	839.50	
118B	223#	gel	49.06	
1107A	37#	Pheno seal	49.95	
		Material sub	938.51	
		less 30% -	281.55	
		Material total		656.96
4402	1	2 1/2 plug		29.50
			2510.00	
			SALES TAX	52.52
			ESTIMATED TOTAL	2262.98

Ravin 3737

No company ref
Jim DKD

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: 4 Dec 14
 FINISH DATE: 8 Dec 14
 LEASE: Harra
 LEASE OPERATOR: KREO
 WELL: KR 23
 API: 15-121-30760
 SEC: TWP: RNG:
 COUNTY: Miami
 DRILLERS NAME: Ronnie Howard
 RIG #: 1



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 22'6" SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8 LENGTH 492.80 SIZE 2 7/8 BAFFLE 31.90
 TD 642 CORED 422-442

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Clay	15	0	15	Lime	8	462	470
Shale	57	15	72	Shale	2	470	472
Lime	20	72	92	Coal	4	472	476
Shale	10	92	102	Shale	5	476	481
Coal	2	102	104	Lime	5	481	486
Shale	12	104	116	Shale	16	486	502
Lime	6	116	122	Lime	4	502	506
Shale	29	122	151	Shale	4	506	510
Lime	14	151	165	Coal	8	510	518
Shale	13	165	178	Lime	4	518	522
Lime	26	178	204	Shale	20	522	542
Coal	2	204	206	Lime	5	542	547
Shale	4	206	210	Shale	17	547	564
Lime	22	210	232	Coal	4	564	568
Coal	3	232	235	Shale	40	568	608
Lime	18	235	253	Broken Sand 80% No show	30	608	638
Coal	2	253	255	Coal	2	638	640
Shale	125	255	380	Shale TD	2	640	642
Coal	2	380	382				
Shale	3	382	385				
Red Sec	4	385	389				
Shale	17	389	406				
Limey Sand No show	16	406	422				
oil Sand	3	422	425				
Lime	1	425	426				
Limey Sand	1	426	427				
oil Sand	2	427	429				
Broken Sand	5	429	434				
Shale	14	434	448				
Lime	7	448	455				
Shale	7	455	462				

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