



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242390
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: _____



1242390

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

1412
1307

INVOICE # 802565

TICKET NUMBER 50699
LOCATION Ottawa
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
12.3.14	4448	Harra KR.22	NW 13	17	22	Mi.
CUSTOMER Kansas Resources E&D			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th			730	Ala Mad	Safety	Meat
CITY STATE ZIP CODE Overland Park KS 66210			495	Harbel		
JOB TYPE <u>long string</u> HOLE SIZE <u>5 7/8</u> HOLE DEPTH <u>682</u> CASING SIZE & WEIGHT <u>2 7/8</u>			369	Mik Hag		
CASING DEPTH <u>565.20</u> DRILL PIPE _____ TUBING _____ OTHER <u>573.25 6T</u>			510	Dus Webb		
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>Y3</u>						
DISPLACEMENT <u>3.1</u> DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u> RATE <u>5 bpm</u>						

REMARKS: Held meeting, ran 565.2' of casing with 120' of drill steel to hole TD. Mixed & pumped 20 50/150 cement plus 20 gal & 1/2# phen seal per sack, to fill hole to 560'. Pulled drill steel out, clamped casing at surface. Moved rig. Mixed & pumped 77 sk cement down casing. Circulated cement. Finished pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Utah, Kan

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	25	MILEAGE	495	105.00
5402	565.20	casing footage	495	
5407	1/2 mi	ten miles	510	182.00
5502C	1 1/2	80 gal	369	150.00
1124	97	50/150 cement	115.50	
118B	263 #	gel	57.86	
1107A	45 #	phen seal	66.15	
		material sub	1239.51	
		Less 30% -	371.85	
		material total		867.66
4402	1	2 1/2 plug		29.50
				2890.09
			SALES TAX	68.63
			ESTIMATED TOTAL	3489.80

Ravin 3737

company rep.

AUTHORIZATION Jim DKid 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:	1 Dec 14	
FINISH DATE:	3 Dec 14	
LEASE:	Harra	
LEASE OPERATOR:	KRED	
WELL:	KR-22	
API:	15-121-3	
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	565.20	SIZE	2 7/8	BAFFLE	31.95	
TD	682	CORED	466-486					

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Lime	11	0	11	Shale	12	478	490
Shale	103	11	114	Lime	8	490	498
Lime	24	114	138	Shale	12	498	510
Shale	18	138	156	Lime	4	510	514
Lime	5	156	161	Shale	10	514	524
Shale	32	161	193	Lime	6	524	530
Lime	15	193	208	Shale	16	530	546
Shale	12	208	220	Lime	2	546	548
Lime	12	220	232	Shale	16	548	564
Shale	2	232	234	Lime	2	564	566
Lime	11	234	245	Shale	18	566	584
Shale	8	245	253	Lime	3	584	587
Lime	20	253	273	Shale	11	587	598
Coal	4	273	277	Lime	2	598	600
Lime	5	277	282	Shale	8	600	608
Shale	4	282	286	Lime	1	608	609
Lime	8	286	294	Shale	3	609	612
Coal	3	294	297	Coal	2	612	614
Shale	134	297	431	Shale	32	614	646
Coal	2	431	433	Broken Sand ^{good Sand} no show	32	646	678
Shale	7	433	440	Shale TD	4	678	682
Lime	6	440	446				
Shale	3	446	449				
Lime	2	449	451				
Shale	5	451	456				
Lime y Sand ^{no show}	6	456	462				
Broken Sand	2	462	464				
oil Sand good Bld cp	2	464	466				
oil Sand great Bld	7	466	473				
Limey Sand	2	473	475				
oil Sand	3	475	478				

* Back Plugged
TO 565 *