



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242435
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: _____



1242435

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

272294

TICKET NUMBER 50568

684
650

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	
10-29-14	4448	Hollinger KR-36	SW 31	16	22	M.	
CUSTOMER Kansas Resources E+D			TRUCK #				
MAILING ADDRESS 9393 W 110th			730	AlaMad	Safety	Meet	
CITY Overland Park			368	Ar1McD			
STATE KS			369	M.K.Hag			
ZIP CODE 66210			510	Do Web			
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	761	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	752.75	DRILL PIPE		TUBING		OTHER	bf 722.55
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	4.2	DISPLACEMENT PSI	800	MIX PSI	200	RATE	46 bpm
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 106 sk 50/50 cement plus 2 2/3 gal + 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.							

Waylon Utah

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	752.75	casing footage	368	
5407	1/2 min	ten miles	510	184.00
5502C	1 1/2	80 gal	369	150.00
1124	106	50/50 cement	12.19	1290.00
1118B	278#	gel	61.16	16800.00
1107A	53#	phenoseal	71.55	3792.15
		material sub	1351.71	
		less 30% -	405.51	
		material total		946.20
4410	1	2 1/2 plug		2950.00
			2989.87	
		SALES TAX		74.64
		ESTIMATED TOTAL		2553.34

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: 10-28-14
 FINISH DATE: 10-29-14
 LEASE: Hallinger
 LEASE OPERATOR: KRED
 WELL: KB-36
 API: 15-121-30715
 SEC: TWP: RNG:
 COUNTY: Miami
 DRILLERS NAME: Waylon Johns
 RIG #: Z



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 11" LENGTH 20' SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8" LENGTH 752.75' SIZE 2 7/8" Uceel BAFFLE 30.20
 TD 761 CORED 661-681

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	5	0	5	Lime KC	6	357	363
Lime	7	5	12	Shale	22	363	385
Grey Sand	4	12	16	Grey Sand No Oil Show	2	385	387
Shale	10	16	26	Shale	80	387	467
Lime	17	26	43	Shale Broken Grey Sand No Oil Show	10	467	477
Shale	24	43	67	Shale	53	477	530
Lime	13	67	80	Lime	7	530	537
Shale	100	80	180	Shale	8	537	545
Lime	2	180	182	Lime	2	545	547
Shale	1	182	183	Shale	36	547	573
Lime	16	183	199	Lime	6	573	579
Shale	8	199	207	Shale	16	579	595
Lime	1	207	208	Lime	2	595	597
Shale	4	208	212	Shale	5	597	602
Lime	1	212	213	Lime	2	602	604
Shale	21	213	234	Shale	11	604	615
Lime	2	234	236	Lime	3	615	618
Shale	1	236	237	Shale	16	618	634
Lime	5	237	242	Lime	2	634	636
Coal	5	242	247	Shale	19	636	655
Shale	11	247	258	Shale 30% Grey Sand Small No Bleed	4	655	659
Lime	15	258	273	Solid Oil Sand Good Bleed CP	2	659	661
Shale	16	273	289	Solid Oil Sand Good Bleed	2.75	661	663.75
Lime	9	289	298	50% Broken Sand Light Bleed	3.75	663.75	667.5
Shale	2	298	300	60% Broken Sand Good Bleed	1.5	667.5	669
Lime	14	300	314	Grey Sand No Bleed	2.5	669	671.5
Shale	6	314	320	Solid Oil Sand Good Bleed	3.75	671.5	675.25
Lime	23	320	343	50% Broken Sand Bleed	2.25	675.25	677.5
Coal	5	343	348	Solid Oil Sand Good Bleed	1	677.5	678.5
Lime	7	348	355	Lime	.5	678.5	679
Shale	2	355	357	Oil Sand Good Bleed	2	678	681

