



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242463
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: _____



1242463

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

272026

TICKET NUMBER 50540

LOCATION off gwg

FOREMAN Alan Mad

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																				
10-21-14	4448	Joeckel KR-2	542 13	17	22	M:																				
CUSTOMER Kansas Resources E&D			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>730</td> <td>Ala Mad</td> <td>Safety</td> <td>Meat</td> </tr> <tr> <td>368</td> <td>Art Mad</td> <td>DRW</td> <td>675</td> </tr> <tr> <td>369</td> <td>Mik Hog</td> <td>DRV</td> <td>1001</td> </tr> <tr> <td>548</td> <td>Dus [unclear]</td> <td>DRW</td> <td>1421</td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	730	Ala Mad	Safety	Meat	368	Art Mad	DRW	675	369	Mik Hog	DRV	1001	548	Dus [unclear]	DRW	1421
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548	Dus [unclear]	DRW	1421																							
MAILING ADDRESS 9393 W 110th																										
CITY Overland Park	STATE KS	ZIP CODE 66211																								
JOB TYPE <u>log string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>560</u>	CASING SIZE & WEIGHT <u>2 7/8</u>																							
CASING DEPTH <u>552.95</u>	DRILL PIPE	TUBING	OTHER <u>520.00</u>																							
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>																							
DISPLACEMENT <u>3 bbl</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46 bpm</u>																							
REMARKS: <u>Held meeting. Established rate. Mixed & pumped 100# gel followed by 5k 50150 cement plus 2% gel & 1/2 phen seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.</u>																										

Ron Utah

Alan Mad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5406	1	PUMP CHARGE	368	1085.00
5406		MILEAGE	368	
5402	552.95	casing footage	368	
5407	1/2 min	ten miles	348	184.00
5502C	1/2	80 gal	369	150.00
1124	72	50150 cement	828.00	
1118B	221	gel	48.62	
11074	36	phen seal	48.60	
		Material sub	925.22	
		loss 30% -	277.57	
		material total		647.65
4402	1	2 1/2 plug		29.00
				2446.76
		SALES TAX		51.80
		ESTIMATED TOTAL		2147.96

Ravin 3737

No company [unclear]
Jim O'Neil

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:	20 Oct 14	
FINISH DATE:	21 Oct 14	
LEASE:	Joeckel	
LEASE OPERATOR:	KREN	
WELL:	KR 2	
API:	15-121-30767	
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 552.95 SIZE 2 7/8 BAFFLE 32.90
 TD 560 CORED 490-510

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	4	0	4	Shale	32	528	560
Lime	6	4	10				
Shale	20	10	30				
Lime	15	30	45				
Shale	105	45	150				
Lime	19	150	169				
Shale	29	169	198				
Lime	12	198	210				
Shale	20	210	230				
Lime	15	230	245				
Shale	12	245	257				
Lime	25	257	282				
Shale	9	282	291				
Lime	18	291	309				
Coal	4	309	313				
Lime	5	313	318				
Coal	2	318	320				
Lime KCB	8	320	328				
Shale	142	328	470				
Red Bed	3	470	473				
Shale	1	473	474				
Lime y Sand ^{NO show}	4	474	478				
Limey Sand ^{Very light}	4	478	482				
Limey Sand ^{Light}	4	482	486				
oil Sand ^{great Bl} CP	4	486	490				
oil Sand ^{great Bl}	10	490	500				
Lime	2	500	502				
Shale	15	502	517				
Lime	6	517	523				
Shale	1	523	524				
Lime	4	524	528				