



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242465
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
-----------------------------------	-----------------	---

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: _____



1242465

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	---	---



CONSOLIDATED
Oil Well Services, LLC

272025

TICKET NUMBER 50539
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																				
10-21-14	4448	Jocckel KR-3	SW 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>Al Mader</td> <td>Safety</td> <td>Meat</td> </tr> <tr> <td>368</td> <td>Al Mader</td> <td>DTUP</td> <td>475</td> </tr> <tr> <td>369</td> <td>Mik Hag</td> <td>DAV</td> <td>1001</td> </tr> <tr> <td>548</td> <td>Dan White</td> <td>DAV</td> <td>1421</td> </tr> </tbody> </table>					TRUCK #	DRIVER	TRUCK #	DRIVER	730	Al Mader	Safety	Meat	368	Al Mader	DTUP	475	369	Mik Hag	DAV	1001	548	Dan White	DAV	1421
TRUCK #	DRIVER						TRUCK #	DRIVER																		
730	Al Mader						Safety	Meat																		
368	Al Mader						DTUP	475																		
369	Mik Hag	DAV	1001																							
548	Dan White	DAV	1421																							
MAILING ADDRESS 9393 W 110th																										
CITY Overland Park	STATE KS	ZIP CODE 66210																								
FMM 34																										

JOB TYPE log strings HOLE SIZE 5 7/8 HOLE DEPTH 572 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 566.25 DRILL PIPE _____ TUBING _____ OTHER 534.35 67
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 1/RS
 DISPLACEMENT 3.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 72 sk 50/50 cement plus 2# gel & 1/2# phenol seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Ben Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	105.00 ✓
5402	566.25	casing footage	368	✓
5407	1/2 min	ton miles	648	184.00 ✓
5502L	1 1/2	80 vac	369	150.00 ✓
1124	72	50/50 cement	828.00	✓
1118B	221 #	gel	48.62	✓
1107A	36 #	phenol seal	48.60	✓
		material sub	925.22	✓
		less 30% -	277.57	✓
		material total		647.65 ✓
4402	1	2 1/2 plug		29.50 ✓
			2551.76	
		SALES TAX		56.80 ✓
		ESTIMATED TOTAL		2252.96 ✓

Ravin 8737
NO company rep
Jim Okel

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: 18 Oct 2014
 FINISH DATE: 20 Oct 2014
 LEASE: Joeckel
 LEASE OPERATOR: KRED
 WELL: KR-3
 API: 15-121-30678
 SEC: TWP: RNG:
 COUNTY: Miami
 DRILLERS NAME: Ronnie Howard
 RIG #: 1



2394 UTAH ROAD
RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 20'0 SIZE 7" CEMENT 5 bags
 DRILL BIT SIZE 5 7/8 LENGTH 566.25 SIZE 2 7/8 BAFFLE 31.90
 TD 572 CORED 482-502

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	3	0	3	Lime	7	520	527
Broken Lime	5	3	8	Shale	2	527	529
Clay	8	8	16	Lime	3	529	532
Shale	14	16	30	Shale	5	532	537
Lime	15	30	45	Lime	5	537	542
Shale	105	45	150	Shale TD	30	542	572
Lime	19	150	169				
Shale	27	169	196				
Lime	4	196	200				
Shale	30	200	230				
Lime	14	230	244				
Shale	12	244	256				
Lime	24	256	280				
Shale	11	280	291				
Lime	18	291	309				
Shale	13	309	322				
Lime KCB	7	322	329				
Shale	140	329	469				
Red Bed	3	469	472				
Shale	4	472	476				
Limey Sand No show	5	476	481				
oil Sand Light Blk CP	1	481	482				
oil Sand	3	482	485				
Lime/Sand streaks	1	485	486				
oil Sand good Blk	6	486	492				
Lime/Sand streaks	1	492	493				
oil Sand good Blk	2	493	495				
Lime	1	495	496				
oil Sand great Blk	11	496	507				
Lime	3	507	510				
Shale	10	510	520				