



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242474
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: _____



1242474

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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211828



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50516
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-8-14	4448	Joekel KR-11	SW 13	17	22	MI
CUSTOMER <u>Kansas Resources E+D</u>			TRUCK #			
MAILING ADDRESS <u>9393 W 110th</u>			DRIVER			
CITY <u>Overland Park KS</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>6620</u>			TRUCK #			
JOB TYPE <u>plug</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>582</u>			DRIVER			
CASING DEPTH			TRUCK #			
DRILL PIPE			DRIVER			
TUBING <u>1" 582'</u>			TRUCK #			
SLURRY WEIGHT			DRIVER			
SLURRY VOL			TRUCK #			
WATER gal/sk			DRIVER			
CEMENT LEFT in CASING			TRUCK #			
DISPLACEMENT			DRIVER			
DISPLACEMENT PSI			TRUCK #			
MIX PSI			DRIVER			
RATE <u>1 bpm</u>			TRUCK #			

REMARKS: Help meeting washed 1" to hole TD. Mixed & pumped 60 SK 50/50 cement plus 29 gel & 1/2# phenoseal per sack. Pulled 1" to 320'. Mixed 20 SK more cement. Circulated cement to surface. Pulled 1" out, topped off well.

80 SK total, TD to surface.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	368	1085
5406		MILEAGE	368	
5407	1/2 min	700 miles	548	16800
5502C	1 1/2	80 vac	369	15000
1124	80	50/50 Cement	920.00	
1118B	134#	gel	29.48	
1167A	40#	Phenoseal	34.00	
		Material sub	1003.48	
		less 3090 - 30104		
		Material total		702.44
				2503.45
		SALES TAX		53.74
		ESTIMATED TOTAL		2159.18

Ravin 3737

NO company ICP
Jim OKD

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: 7 Oct 14
 FINISH DATE: 8 Oct 14
 LEASE: Joeckel
 LEASE OPERATOR: KRED
 WELL: KR11
 API: 15-121-30639
 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 NA SIZE NA BAFFLE NA
 TD 582 CORED 478-498

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Lime	1	0	1	Shale	23	486	509
Shale	22	1	23	Lime	11	509	520
Lime	15	23	38	Shale	4	520	524
Shale	106	38	144	Lime 3-F#had oil	8	524	532
Lime	20	144	164	shale	16	532	548
Shale	10	164	174	Lime	6	548	554
Coal	4	174	178	Shale	16	554	570
Shale	13	178	191	Lime	3	570	573
Lime	3	191	194	Shale	9	573	582
Shale	30	194	224				
Lime	14	224	238				
Shale	12	238	250				
Lime	27	250	277				
Shale	3	277	280				
Coal	4	280	284				
Shale	2	284	286				
Lime	18	286	304				
Coal	4	304	308				
Lime	3	308	311				
Shale	3	311	314				
Lime KCB	9	314	323				
Shale	131	323	454				
Coal	2	454	456				
Shale	7	456	463				
Red Bed	4	463	467				
Shale	6	467	473				
Limey Sand No Show	43	473	477				
Limey Sand good Blk	2	477	478				
Broken Limey Sand (very little Blk)	5	478	483				
Lime	2	483	485				
Broken	1	485	486				

Dryhole