



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242497
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: _____



1242497

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

270903

TICKET NUMBER 48164
LOCATION Ottawa
FOREMAN Alan Made

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
9-8-14	4448	Joeckel # KR-34	SW 13	17	22	Mi

CUSTOMER
Kansas Resources E+D
MAILING ADDRESS
9393 W 110th
CITY
Overland Park STATE
KS ZIP CODE
66006

TRUCK #	DRIVER	TRUCK #	DRIVER
230	AlaMad	Safety	Meed
368	AlaMad		
370	Mik Fox		
548	Dan W Ma		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 550 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 344.78 DRILL PIPE _____ TUBING _____ OTHER baffle 513.40
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 2.9 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 78 sk 50/150 cement plus 250 gal & 42# pheno seal per sack. Circulated cement. Flushed pump, pumped plug to casing baffle. Well held 800 pST. Set float. Closed valve.

Utah, Kan

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	368	1085.00 ✓
3406	25	MILEAGE	368	105.00 ✓
5402	544.7	casing footage	368	— ✓
5427	min	ton miles	548	368.00 ✓
5302L	2 1/2	8D valve	370	252.00 ✓
1124	78#	50/150 cement	897.00	✓
1118B	231	gel	50.82	✓
1107A	39#	pheno seal	52.65	✓
		material sub	1000.47	
		Less 30%	-300.14	✓
		material total		900.33
4402	1	2 1/2 plug		29.50 ✓
			2916.76	
			SALES TAX	55.89
			ESTIMATED TOTAL	2593.69 ✓

Ravin 3737

NO company rep
Jim DK'd

completed

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: 6 Sept 14
 FINISH DATE: 8 Sept 14
 LEASE: Joeckel
 LEASE OPERATOR: KRED
 WELL: KR 34
 API: 15-121-30247
 SEC: TWP: RNG:
 COUNTY: Miami
 DRILLERS NAME: Ronnie Howard
 RIG #: 1



2394 UTAH ROAD
RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 22'0 SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8 LENGTH 544.5 SIZE 2 7/8 BAFFLE 31.30
 TD 550 CORED 428-448

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Clay/Soil	15	0	15	Shale	135	270	405
Shale	75	15	90	Coal	1	405	406
Lime	1	90	91	Shale	3	406	409
Shale	1	91	92	Red Bed	2	409	411
Lime	3	92	95	Shale	1	411	412
Shale	1	95	96	Broken Snd. (No show)	2	412	414
Lime	15	96	111	Broken Snd. (Smelly)	2	414	416
Shale	19	111	130	Limey Snd. (Smelly)	2	416	418
Lime	2	130	132	Broken Snd. (Light Bld)	4	418	422
Shale	2	132	134	Broken Snd. (Light Bld) (20%)	3	422	425
Lime	4	134	138	Limey Snd.	1	425	426
Shale	30	138	168	Broken Snd. (good Bld 70%)	2	426	428
Lime	9	168	177	oil Snd. (washed out - No Bld)	3	428	431
Shale	1	177	178	Lime	2	431	433
Lime	3	178	181	oil Sand (great Bld)	6	433	439
Shale	12	181	193	Broken Snd. (good Bld)	2	439	441
Lime	12	193	205	Shale	9	441	450
Shale	2	205	207	Lime	4	450	454
Lime	1	207	208	Shale	1	454	455
Shale	1	208	209	Lime/coal/sand (9ft Heavy Bld)	15	455	470
Lime	10	209	219	Shale	30	470	500
Shale	8	219	227	Lime	10	500	510
Lime	1	227	228	Shale	12	510	522
Shale	1	228	229	Lime	4	522	526
Lime	2	229	231	Shale	15	526	541
Shale	3	231	234	Lime	3	541	544
Lime	15	234	249	Shale (TD)	6	544	550
Coal	4	249	253				
Lime	2	253	255				
Shale	7	255	262				
Lime (KCB)	8	262	270				

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