



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242512
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: _____



1242512

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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271987

TICKET NUMBER 50533
 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
10-17-14	4448	Joekel KR1-P.22	SW 13	17	22	Mi
CUSTOMER Kansas Resources E&D						
MAILING ADDRESS 9393 W 110 St						
CITY Overland Park		STATE KS	ZIP CODE 66210			
JOB TYPE log string		HOLE SIZE 5 7/8	HOLE DEPTH 552	CASING SIZE & WEIGHT 2 7/8		
CASING DEPTH 541		DRILL PIPE	TUBING	OTHER BST 509		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes		
DISPLACEMENT 2.95		DISPLACEMENT PSI 800	MIX PSI 200	RATE 4 bpm		
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 79 sk 50/150 cement plus 2% gel, and 1/2# pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PST. Set floor.						

Kan Utah
 Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE from Hayes	368	63.00
5402	541	Casing footage	368	199.08
5407	4.2 min	hour miles	348	184.00
3502C	1/2	80 gal	300	150.00
1124	29	50/150 cement	908.50	26346.50
118B	233#	gel	51.26	11943.58
1107A	40#	pheno seal	54.00	2160.00
		material sub less 30% -	1013.76	304.13
		material total		709.63
4402	1	2 1/2 plug		29.52
		<input checked="" type="checkbox"/> completed		
			2105.07	
			SALES TAX	56.54
			ESTIMATED TOTAL	2277.67

NO company
 AUTHORIZATION Jim OKD

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: 16 Oct 2014
 FINISH DATE: 17 Oct 2014
 LEASE: Joeckel
 LEASE OPERATOR: KRED
 WELL: KR1-P22
 API: 15-121-30673
 SEC: TWP: RNG:
 COUNTY: Miami
 DRILLERS NAME: Ronnie Howard
 RIG #: 1



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 21'6 SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8 LENGTH 541.00 SIZE 2 7/8 BAFFLE 32.00
 TD 552 CORED 453-473

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Lime	10	0	10	Lime a/shaw	4	488	492
Shale	106	10	116	Lime	6	492	498
Lime	20	116	136	Shale	24	498	522
Shale	26	136	162	Lime	8	522	530
Lime	4	162	166	Shale TD	22	530	552
Coal	4	166	170				
Shale	24	170	194				
Lime	15	194	209				
Shale	12	209	221				
Lime	29	221	250				
Coal	4	250	254				
Lime	21	254	275				
Coal	3	275	278				
Lime KCB	16	278	294				
Shale	141	294	435				
Red Bed	3	435	438				
Limey Sand ^{No show}	2	438	440				
Broken Sand ^{No show}	2	440	442				
Shale	2	442	444				
Limey Sand smelly	4	444	448				
oil Sand smelly	2	448	450				
Limey Sand	2	450	452				
oil Sand good bleed	1	452	453				
oil Sand	3	453	456				
Lime	1	456	457				
oil Sand	4	457	461				
Shale	17	461	478				
Lime	2	478	480				
Shale	2	480	482				
Lime	2	482	484				
Straw lime good bleed	4	484	488				