



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242520
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: _____



1242520

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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CONSOLIDATED
Oil Well Services, LLC

271512

TICKET NUMBER 48256
LOCATION 07909
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
9-29-14	4448	Joekel KRI P37	SW 13	17	22	Mi
CUSTOMER Kansas Resources E&D						
MAILING ADDRESS 9393 W 110th						
CITY Overland Park	STATE KS	ZIP CODE 66210				
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>512</u>	CASING SIZE & WEIGHT <u>2 7/8</u>			
CASING DEPTH <u>504.80</u>	DRILL PIPE	TUBING	OTHER <u>473.20 BT</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>2.75</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46pm</u>			
REMARKS: <u>Held meeting. Established rate. Mixed & pumped 100# gel followed by 65 sk 50/50 cement plus 89 gal 1/2" phenoseal per sack. Circulated cement. Flushed pump. Pumped plus to casing bottle. Well held 800 PSI. Set float.</u>						

Utah, Ron Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5106	25	MILEAGE	368	105.00 ✓
5402	504.8	casing footage	368	✓
5407	min	ton miles	548	368.00 ✓
5502L	1 1/2	80 gal	675	150.00 ✓
1124	65	50/50 cement	747.50	✓
11180	209#	gel	45.98	✓
1107A	33	Phenoseal	44.55	✓
		material sub	838.03	✓
		less 30%	-251.41	✓
		material total		586.62
41102	1	2 1/2" plus		29.57 ✓
				2641.90
			SALES TAX	47.15 ✓
			ESTIMATED TOTAL	2371.25 ✓
				\$2371.26 ✓

AVIN 3737 NO company rep Jim DKD 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: 25 Sept 14
 FINISH DATE: 29 Sept 14
 LEASE: Jaechel
 LEASE OPERATOR: KRIED
 WELL: KRI-P37
 API: 15-121-30677
 SEC: TWP: RNG:
 COUNTY: Miami
 DRILLERS NAME: Rommie Howard
 RIG #: 1



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 32'7 SIZE 7" CEMENT 6 Bags
 DRILL BIT SIZE 5 7/8 LENGTH 504.80 SIZE 2 7/8 BAFFLE 31.60
 TD 512 CORED 413-433 439-459

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Clay (soft)	29	0	29	Broken (good old)	2	427	429
Shale	51	29	80	Shale	9	429	438
Lime	5	80	85	Lime oil show CP	1	438	439
Shale	2	85	87	Lime	2	439	441
Lime	15	87	102	Shale	5	441	446
Shale	15	102	117	Straw lime	1	446	447
Lime	8	117	125	Limey Sand	9	447	458
Shale	30	125	155	Shale	14	458	472
Lime	14	155	169	Lime	8	472	480
Shale	12	169	181	Shale	8	480	488
Lime	12	181	193	Lime	6	488	494
Shale	1	193	194	Shale TD	18	494	512
Lime	14	194	208				
Coal	5	208	213				
Lime	5	213	218				
Shale	1	218	219				
Lime	17	219	236				
Shale	4	236	240				
Lime	3	240	243				
Shale	3	243	246				
Lime (KCB)	10	246	256				
Coal	2	256	258				
Shale	145	258	403				
Broken Sand (No show)	2	403	405				
Limey Sand	1	405	406				
Broken Sand CP	7	406	413				
Broken Sand	2	413	415				
Lime	1	415	416				
oil Sand (good old)	4	416	420				
Lime	1	420	421				
oil Sand (great old)	6	421	427				