

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1243133

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: _____



1243133

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 (Attach Additional Sheets)	<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 (Amount and Kind of Material Used)	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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50731
LOCATION Ottawa KS
FOREMAN Fred Mader

1452

1403

Invoice # 802617

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12.4.14	4448	Waddle #KR-1	NE26	18	21	M1

CUSTOMER
Kansas Resources Exp/Dev.
MAILING ADDRESS
9393 W 110th St
CITY
Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Frc Mad		
368	Arl Mad		
369	Mik Hau		
558	Bru Bir		

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 612 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 596.85 DRILL PIPE Baffle TUBING 565.55 OTHER
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
DISPLACEMENT 3.2938 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4B PM

REMARKS: Hold safety meeting. Establish circulation. Mix + Pump 100# Gel + Flush.
Mix + Pump 102 sks 50/50 Poz Mix Cement 270 Gal 1/2" Pheno Seal/sk.
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
Rubber plug to baffle in casing. Pressure to 800# PSI.
Release pressure to set float valve. Shut in Casing.

Ma Gown Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 ⁰⁰
5406	25 mi	MILEAGE	368	105 ⁰⁰
5402	596.85	Casing footage		N/A
5407	Minimum	Ten Miles	558	368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	200 ⁰⁰
1124	12134	102 sks 50/50 Poz Mix Cement	1184 ⁵⁰	
1115B	273 [#]	Premium Gd.	60 ⁰⁰	
1107A	52 [#]	Pheno Seal	70 ²⁰	
		Material	1314 ²⁶	
		less 30%	-394 ⁴³	
		Total		92033
4402	1	2 1/2" Rubber Plug		295 ⁰⁰
			3205.10	
		7.65%	SALES TAX	72 ⁶⁵
			ESTIMATED TOTAL	2780 ⁴⁹

Ravin 3737

AUTHORIZATION No Co. Rep on Site

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.

McGOWN

DRILLING, INC.

Operator:

Kansas Resource Exploration & Development, LLC
Overland Park, KS

Waddle KR-1

Miami Co., KS
26-18S-21E
API: 15-121-30810

Spud Date:	12/3/2014	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	6.125"
Surface Length:	20.2'	Longstring:	596.85'
Surface Cement:	4 sx	Baffle:	565.55'
Longstring:	2-7/8EUE	Longstring Date:	12/4/2014

Driller's Log

Top	Bottom	Formation	Comments
0	18	Soil & Clay	
18	23	Lime	
23	25	Shale	
25	27	Red Bed	
27	64	Shale	
64	78	Lime	
78	88	Shale	
88	100	Lime	
100	102	Shale	
102	115	Lime	
115	125	Shale	
125	157	Lime	
157	270	Shale	
270	280	Sandy Shale	
280	329	Shale	
329	337	Lime	
337	350	Shale	
350	355	Sand	Good odor, Fair to good bleed
355	383	Shale	
383	385	Coal	
385	389	Shale	
389	392	Lime	
392	408	Shale	
408	411	Lime	

Kimmerer KRI-1

Miami Co., KS

411	425	Shale	
425	435	Lime	
435	450	Shale	
450	461	Lime	Good odor good bleed to pit.
461	468	Shale	
468	478	Sand	468-472 Laminated, mostly sand, fair bleed
478	484	Sandy Shale	472-478 Laminated, light bleed.
484	530	Shale	
530	536	Sand	Soft dark brown, good odor, light bleed.
536	612	Shale	
612		TD	

Coring

Run	Footage	Rec.
1	464-482	17
2		
3		