



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243153
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: _____



1243153

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

INVOICE #801961

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50592

LOCATION Ottawa

FOREMAN Alan Mader

940
903

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-6-14	4448	Travis KR-19	SW 10	17	22	Mi
CUSTOMER Kansas Resources E&D			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th			730 Alan Mader 368 Safet Meet			
CITY STATE ZIP CODE Overland Park KS 66210			369 Mikko 503 Tron			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 732 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 721.65 DRILL PIPE _____ TUBING _____ OTHER bf 691.65
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING yes
 DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 416 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 98 sk 50/50 cement plus 2% gel & 1/2# phend seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Red McGown

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	2	MILEAGE from Herra	368	8.40
5402	721.65	casing footage	368	
5407	1/2 min	to 4 miles	503	184.00
5502C	1 1/2	80 val	369	150.00
1124	98	50/50 cement	1127.00	
1118B	265#	gel	58.30	
1127A	19#	phend seal	66.15	
		material sub	1251.45	
		Less 30% -	375.44	
		Material total		876.01
4402	1	2 1/2" plug		29.50
			2806.34	

completed

no company rep
J:u OKD

SALES TAX 69.27
ESTIMATED TOTAL 2402.19

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.



Operator:
 Black Travis, Inc.
 Paola, KS

Travis #KR-19

Miami Co., KS
 10-17S-22E
 API: 121-30782

Spud Date:	11/4/2014	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.35'	Longstring:	721.65'
Surface Cement:	4 sx	Baffle:	691.65'
Longstring:	2 7/8 EUE - New L/S	Longstring Date:	11/6/2014

Driller's Log

Top	Bottom	Formation	Comments
0	5	Soil & clay	
5	15	Sandstone	
15	81	Shale	
81	98	Lime	
98	110	Shale	
110	118	Sand	w/Sandy shale
118	129	Shale	
129	133	Lime	
133	176	Shale	
176	190	Lime	
190	200	Shale	
200	224	Lime	
224	234	Shale	
234	239	Shale	Limey
239	256	Lime	
256	261	Bl. Shale	
261	264	Lime	
264	268	Shale	
268	273	Lime	
273	277	Shale	Limey
277	295	Shale	
295	300	Sand	Grey, no odor
300	311	Sandy Shale	

Travis #KR 19
Miami Co., KS

311	408	Shale	
408	410	Red Bed	
410	438	Sand	See below
438	445	Shale	
445	460	Lime	
460	500	Shale	
500	502	Coal	
502	510	Lime	
510	522	Shale	
522	526	Lime	
526	533	Bl. Shale	
533	548	Lime	
548	560	Shale	
560	564	Lime	
564	575	Shale	
575	580	Lime	
580	586	Shale	
586	592	Sand	Good oil show to the pit
592	608	Sandy Shale	No show
608	643	Shale	
643	646	Sand	Fair oil show
646	732	Shale	
732		TD	

Coring

Run	Footage	Rec.	
1	414-434	20'	
2	588-592	0'	Catcher broke and plugged up
3	592-610	18'	

Wayside Sand Detail

414-417.5	Sand, light brown, no oil show
417.5-419	Shale
419-430	Laminated, mostly sand, no bleed
430-433	Sand, light bleed
433-438	Sand, fair to good show and bleed