



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243154
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: _____



1243154

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)*

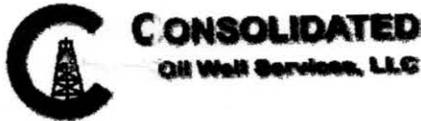
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____	PRODUCTION INTERVAL: _____ _____
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272308

TICKET NUMBER 50585
 LOCATION Ottawa
 FOREMAN Alan Mader

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
10-31-14	4448	Travis KR-31	Sw 10	17	22	Mi

CUSTOMER		TRUCK #		DRIVER	
Kgnsgs Resources E&D		730	Ala Mad	Safety	Meet
MAILING ADDRESS		368	Art McD		
9393 W 110th		369	Mik Hag		
CITY		503	Tro Har		
Overland Park	STATE KS	ZIP CODE 66210			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 672 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 660.90 DRILL PIPE _____ TUBING _____ OTHER bf 632.20
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING yes
 DISPLACEMENT 3.68 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting Established rate. Mixed & pumped 100# gel followed by 96 sk 50150 cement plus 2% gel and 1/2# phen seal per sack. Circulated cement. Flushed pump. Pumped plug to casing base. Well held 800 PSI. Set float.

Red, McGowan

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	368	1085.00
5706	25	MILEAGE	368	105.00
5702	660.90	casing footage	368	
5707	1/2 mi	ten miles	503	189.00
5502C	1 1/2	80 var	369	150.00
1124	96	50150 cement	1107.00	
1118B	261	gel	57.64	
1107A	48	phen seal	64.80	
		material sub	1226.44	
		less 30% -	367.93	
		material total		858.51
4402	1	2 1/2 plug		29.00
			2875.04	
		SALES TAX		67.94
		ESTIMATED TOTAL		2479.90

1064

Ravin 3737

no company rep
Jim Okie

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.

McGOWN

DRILLING, INC.

Operator:
Black Travis, Inc.
Paola, KS

Travis #KR-31

Miami Co., KS
10-17S-22E
API: 121-30780

Spud Date:	10/29/2014	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.0'	Longstring:	660.90'
Surface Cement:	4 sx	Baffle:	632.20'
Longstring:	2 7/8 EUE - New L/S	Longstring Date:	10/31/2014

Driller's Log

Top	Bottom	Formation	Comments
0	16	Soil & clay	
16	39	Shale	
39	55	Lime	
55	60	Shale	
60	76	Sandy Shale	
76	91	Shale	
91	95	Lime	
95	132	Shale	
132	149	Lime	
149	159	Shale	
159	187	Lime	
187	195	Shale	
195	217	Lime	
217	219	Bl. Shale	
219	230	Lime	
230	235	Shale	
235	241	Shale	Limey
241	253	Shale	
253	265	Sand	Grey, no odor
265	275	Sandy Shale	
275	365	Shale	
365	367	Red Bed	
367	374	Shale	

374	395	Sand	See below
395	458	Shale	
458	464	Lime	
464	478	Shale	
478	481	Lime	
481	518	Shale	
518	520	Lime	
520	550	Shale	
550	554	Sandy Shale	
554	579.5	Sand	See below
579.5	595	Shale	
595	605	Sand	See below
605	672	Shale	
672		TD	

Coring

Run	Footage	Rec.
1	558-578	20'
2	578-598	20'
3		

Wayside Sand Detail

374-388	Sand, no odor, no bleed
388-395	Sand, good odor, fair bleed

Squirrel Sand Detail

554-556	Laminated, mostly shale, fair bleed to the pit
556-570	Good sand, soft, fair bleed
570-575	Laminated, a lot of shale, good bleed where there was sand
575-579.5	Good sand, soft, good saturation and bleed
579.5-595	Shale; 6" of oil sand at 592.5'
595-605	Sand, good saturation and bleed