



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243155
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: _____



1243155

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

TICKET NUMBER 50624

LOCATION Ottawa

FOREMAN Alan Meder

INVOICE # 802401

1052
102

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-10-14	448	Travis #KR37	SW 10	17	22	mi

CUSTOMER
Kansas Resources EDD

MAILING ADDRESS
9393 W 110th

CITY
Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Med	Safety	Meat
308	Ala Med		
369	Mik Heat		
503	Trotter		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 682 CASING SIZE & WEIGHT 27.8

CASING DEPTH 666.65 DRILL PIPE _____ TUBING _____ OTHER 634.95

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT 3.7 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 94 sk 50/50 cement plus 2 pgs of 1/2" pheno seal per bank. Circulated cement, flushed pump. Pumped plug to baffle well held 800 PSI. Set float, closed valve.

had, Mc Gowan

Alan Meder

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	25	MILEAGE	368	105.00
5402	666.65	casing footage	368	—
5407	1/2 mi	ten miles	503	184.00
5502	1 1/2	80 gal	369	150.00
1127	94	50/50 cement	1081.00	—
118B	258 #	gel	56.76	—
1107A	47	pheno seal	63.45	—
		material sub	1201.21	—
		less 30%	-360.36	—
		material total		840.85
4402	1	2 1/2 pgs		29.00
			2848.86	
			SALES TAX	66.58
			ESTIMATED TOTAL	2460.93

completed

No company rep
J.M. Okd

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-37

Miami Co., KS
10-17S-22E
API: 121-30783

Spud Date:	11/6/2014	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.0'	Longstring:	666.30'
Surface Cement:	4 sx	Baffle:	634.60'
Longstring:	2 7/8 EUE - New L/S	Longstring Date:	11/10/2014

Driller's Log

Top	Bottom	Formation	Comments
0	19	Soil & clay	
19	30	Shale	
30	52	Lime	
52	74	Sand	Grey
74	86	Shale	
86	90	Lime	
90	130	Shale	
130	180	Lime	Fair oil show at 168-170
180	193	Shale	
193	210	Lime	
210	215	Bl. Shale	
215	232	Lime	
232	238	Shale	Limey
238	253	Shale	
253	266	Sand	Grey
266	273	Sandy Shale	
273	334	Shale	
334	339	Shale	Limey
339	362	Shale	
362	365	Red Bed	
365	369	Sandy Shale	
369	393	Sand	See below
393	396	Shale	

Travis #KR 37
Miami Co., KS

396	404	Lime	
404	458	Shale	
458	468	Lime	
468	478	Shale	
478	489	Lime	
489	498	Shale	Limey
498	502	Lime	
502	516	Shale	
516	521	Lime	
521	528	Shale	
528	530	Coal	
530	533	Lime	
533	535	Bl. Shale	
535	550	Shale	
550	602	Sand	See below
602	620	Shale	
620	622	Sand	Faint odor
622	682	Shale	
682		TD	

Coring

Run	Footage	Rec.
1	372-392	20'
2	553-573	20'
3	573-593	20'
4	593-613	20'

Wayside Sand Detail

369-374.5	Sand, no oil saturation
374.5-380	Sand, slightly laminated, no oil saturation
380-382	Mostly sand, good odor, light saturation and bleed
382-382.5	Lime
382.5-393	Sand, good saturation, good odor

Squirrel Sand Detail

553-560	Laminated sand, good oil show
560-563	Laminated, mostly shale, light to fair oil show
563-569.5	Laminated, good oil saturation and bleed
569.5-580	Laminated, fair oil saturation, not as good as above
580-581	Coal
581-596.5	Good sand, good oil saturation
596.5-599	Shale
599-602	Sand, good oil saturation, heavier oil than above