



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243447
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
-----------------------------------	-----------------	---

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: _____



1243447

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 48472
LOCATION EL Dorado
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-14		Boat R-2	7	23	3	Harvey

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Rando Oil Co LLC	603	Tracey		
MILING ADDRESS	713	Stevie		
15 W. 6th Ste 2601		Terry		
CITY				
Tulsa				
STATE				
OK				
ZIP CODE				
74119				

JOB TYPE conductor HOLE SIZE 17 1/4 HOLE DEPTH 308' CASING SIZE & WEIGHT 1338-46 #
 CASING DEPTH 308' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 71.4 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 45.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting on Fossil #2. Ris up and circulate. mix 295 sbs class 'A' 30 sec 29 sec w/ 1/2" poly. slake. Displace 45 BBL and shut in.
Cement did circulate approximately 5 BBL to pit

Thanks Fuzz
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	55	MILEAGE	4.20	231.00
5407A	13.9 down	Tow mileage Delivery	14.1	1077.94
11045	295 sbs	CLASS 'A'	15.70	4631.90
1102	850 #	Calcium chloride	.78	663.00
1118B	600 #	Gel	.22	132.00
1107	150 #	Poly. slake	2.47	370.50
		subtotal		7976.34
		disc		1739.22
		subtotal		6237.12
		SALES TAX		
		ESTIMATED TOTAL		

AVIN 3737
 AUTHORIZATION [Signature] 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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 48427
LOCATION 180
FOREMAN Jeff Shell

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-079-20709-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/19/14		<u>Rott K-2</u>	<u>7</u>	<u>23</u>	<u>3</u>	<u>Harvey</u>
CUSTOMER <u>Kantor oil company</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>15 W 6th St. Ste 2601</u>			<u>603</u>	<u>Tracy</u>		
CITY <u>Tulsa</u>			<u>491</u>	<u>Dustin</u>		
STATE <u>OK</u>			<u>539</u>	<u>Jeff</u>		
ZIP CODE <u>74119</u>						

JOB TYPE longstring B HOLE SIZE 7 7/8 HOLE DEPTH 3901 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3494 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.6 SLURRY VOL 65.0 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 93.5 DISPLACEMENT PSI 650 MIX PSI 200 RATE 5.2

REMARKS: Safety Meeting, Set packer shoe with 1700lbs pressure pumped 500 gal mud flush Plugged r9thole with 25SKS cement pumped 225 SKS Class A cement 2% calcium 5% gel 5% Kol sepl displaced plug down with 2 1/2 bbl fresh water and landed at 1000lb

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	58	MILEAGE	4.20	243.60
5407A	12.9 Ton	Ton Mileage delivery	1.41	1054.96
5402	1994 ft	Casing footage (1500' or deeper)	.23	458.62
1104S	250SKS	Class A cement	15.70	3925.00
1102	400lbs	calcium chloride	.78	312.00
1118B	750lbs	Gel	.22	165.00
1110A	1250lbs	Kol sepl	.46	575.00
1144G	500gal	DV1100 Mudflush	1.10	550.00
4104	3	5 1/2 cement Baskets	290.00	870.00
4136	8	5 1/2 Turbolizers	75.75	606.00
4253	1	5 1/2 Type A Packer shoe	1663.00	1663.00
4234	1	5 1/2 Aluminum baffle Plate	66.25	66.25
4454	1	5 1/2 latchdown Plug	266.75	266.75
			Subtotal	1194.18
		Minus 30% material discount	Discount	1493.10
			Subtotal	10348.08
			SALES TAX	843.37
			ESTIMATED TOTAL	11,191.45

Ravin 3737

AUTHORIZATION [Signature] TITLE Supervisor 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.