

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241803
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: _____

1241803

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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Form	ACO1 - Well Completion
Operator	Lawco Holdings, LLC
Well Name	Reed 1-11
Doc ID	1241803

Tops

Name	Top	Datum
Pawhuska	974	KB
Stalnaker	1734	KB
Hog Shooter	2090	KB
Altamont	2505	KB
Fort Scott	2627	KB
Mississippian Chat	2946	KB
Meramecian	2950	KB
Woodford	3368	KB
Arbuckle	3380	KB

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **2082**
 Foreman Rick Ledford
 Camp Eureka KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-22-14	1136	Reed 1-11	11	335	7E	Cowley	Ks
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
Lawco Holding LLC	113 N. Main P.O. Box 423	Bentonville	AR	72712	ll DG J3 J2 2	105	Dave G.
						112	John S.
						114	Joey K.
						141	Rudy M.

Job Type L/S Hole Depth 3470' Slurry Vol. 102 Bbl Tubing _____
 Casing Depth 3414' G.L. Hole Size 7 7/8" Slurry Wt. 12.8* -13.2* Drill Pipe _____
 Casing Size & Wt. 5 1/2" 15.5* new Cement Left in Casing 0' Water Gal/SK 8.0-9.0 Other _____
 Displacement 83 Bbl Displacement PSI 1300 Bump Plug to 1800 BPM _____

Remarks: Safety meeting- Rig up to 5 1/2" casing. Break circulation w/ 5 Bbl fresh water. Pump 12 Bbl caustic soda pre-flush, 10 Bbl water spacer. Mixed 150 sks 60/40 Permox cement w/ 6% gel + 2" phenol/sk @ 12.8*/gal yield 1.70 Tail in w/ 125 sks thickset cement w/ 5" Kol-seal/sk + 1" phenol/sk @ 13.2*/gal yield 1.85. Washout pump & lines, release 5 1/2" latch down plug. Displace w/ 83 Bbl KCL water. Final pump pressure 1300 PSI. Bump plug to 1800 PSI. release pressure, float & plug held. Good circulation @ all times. Job complete. Rig down.

' Thank You'

Cent - 1, 7, 11, 12, 18, 21, 24, 29, 38, 46 basket - 2, 38

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	70	Mileage	3.95	276.50
C203	150 sks	60/40 Permox cement	12.75	1912.50
C206	725*	6% gel	.20	155.00
C208	300*	2" phenol/sk	1.25	375.00
C201	175 sks	thickset cement	19.50	3412.50
C207	875*	5" Kol-seal/sk	.45	393.75
C208	175*	1" phenol/sk	1.25	218.75
C217	100*	caustic soda pre-flush	1.60	160.00
C108B	16.07	ten mileage buckets	1.35	1518.62
C113	6 hrs	80 Bbl vac. rick	85.00	510.00
C224	3,300 gals	city water	10.00/1000	33.00
C421	1	5 1/2" latch down plug	230.00	230.00
C601	1	5 1/2" AFV float shoe	294.00	294.00
C604	2	5 1/2" cement baskets	225.00	450.00
C504	10	5 1/2" x 7 7/8" centralizers	48.00	480.00
C222	8 gals	KCL	34.00	272.00
			subtotal	11,741.62
			Sales Tax	536.74
				12,278.36

Authorization _____

Title Co. Rep.

Total

12,278.36

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **2033**
 Foreman Steve Nreed
 Camp Eureka

APT 15-035-24620

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
12-16-14		Reed # 1-11	11	23S	7E	Cowley	KS	
Customer <u>Lawson Holding LLC</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 425</u>					<u>205</u>	<u>DAVE G</u>		
City <u>Bentonville</u>					<u>110</u>	<u>Scott W</u>		
State <u>AR</u>		Zip Code <u>72712</u>						

Job Type Surface Hole Depth 326' Slurry Vol. _____ Tubing _____
 Casing Depth 316 GL Hole Size 12 1/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/8 23" Cement Left in Casing 20' Water Gal/SK _____ Other _____
 Displacement 19 1/2 bbls Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting Big up to 8 5/8 casing Break circulation w/ Fresh water
Pump 5 bbl oil Mi 190 SKs Class A Cement w/ 3% CaCl2, 7% Gel & 1/4" Floc Seal pills
Displace w/ 19 1/2 bbls Fresh water. Shut well in. Good cement returns to
Surface 13 bbls to pit Job complete Big down

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	70	Mileage	3.95	276.50
C200	190 SKs	Class A Cement	15.00	2850.00
C205	535 #	CaCl2 3%	.60	321.00
C206	350 #	Gel 7%	.20	70.00
C209	475	Floc-Seal 1/4" pills	2.25	105.75
C10813	8.53200	Ten mileage Bulk Truck	1.35	843.89
			Sub Total	5307.14
			Sales Tax <u>6.40%</u>	214.19
Authorization <u>[Signature]</u>	Title <u>Co. Pres.</u>		Total	5521.33

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