

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242839
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: _____

1242839



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> _____				
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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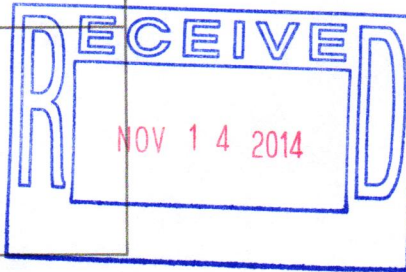
Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
11/10/2014	1937

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000



Job Date	11/3/2014
Lease Information	
Francis Redeker #3	
County	Lyon
Foreman	RM

Item	Description	Qty	Rate	Amount
			Terms	Net 30
C103	Cement Pump-Plug (new well)	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	30	3.95	118.50
C203	Pozmix Cement 60/40	115	12.75	1,466.25T
C206	Gel Bentonite	400	0.20	80.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
D101	Discount on Services		-75.68	-75.68
D102	Discount on Materials		-77.31	-77.31T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$2,906.76
Sales Tax (7.15%)	\$105.03
Total	\$3,011.79
Payments/Credits	\$0.00
Balance Due	\$3,011.79

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



Cement or Acid Field Report
 Ticket No. 1937
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
11-3-14	1000	Francis Redeker #3	13	21s	10E	Lyon	Ks	
Customer <u>Trimble + MacLuskey</u>			Unit #		Driver		Unit #	
Mailing Address <u>P.O. Box 171</u>			105		SANNON			
City <u>Grilley</u>			113		DAVE			
State <u>Ks</u>		Zip Code <u>66852</u>						

Job Type D.T.A Hole Depth 2417' Slurry Vol. 30 Bbl Tubing _____
 Casing Depth _____ Hole Size 7 7/8 Slurry Wt. 13.5 Drill Pipe 4 1/2
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK 6.5 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: safety meeting Plug Down Drill pipe 25 SKs 2607'
15 SKs 1300'
60 SKs 180' to surface
15 SKs Rathole
115 SKs TOTAL

Thank's
Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-103	1	Pump Charge	1050.00	1050.00
C-107	30	Mileage	3.95	118.50
C-203	115	SKs 60/40 Peenix	12.75	1466.25
C-206	400 #	Gel = 4%	.20	80.00
C-108	5 Tons	Ton Mileage Bulk Truck	345.00	345.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 (158.52) #3011.19 </div>				
				3,059.75
Sales Tax				110.56

Authorization by Mike Stafford Title Eq. Purch. Total 3170.31

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.

Elite Cementing & Acid Service, LLC

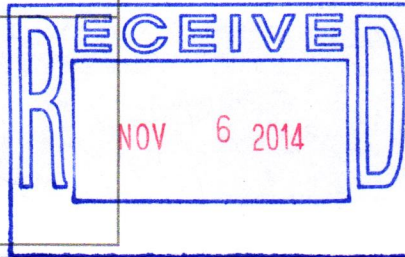
810 E 7th, PO Box 92
Eureka, KS 67045

✓
38 x 2



Date	Invoice #
10/31/2014	1904

Bill To	
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852	
Customer ID#	1000



Job Date	10/31/2014
Lease Information	
Francis Redeker #3 <i>dryhole</i>	
County	Lyon
Foreman	SF

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C101	Cement Pump-Surface	1	840.00	840.00
C107	Pump Truck Mileage (one way)	30	3.95	118.50
C200	Class A Cement-94# sack	80	15.00	1,200.00T
C205	Calcium Chloride	225	0.60	135.00T
C206	Gel Bentonite	150	0.20	30.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
D101	Discount on Services		-65.18	-65.18
D102	Discount on Materials		-68.25	-68.25T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$2,535.07
Sales Tax (7.15%)	\$92.72
Total	\$2,627.79
Payments/Credits	\$0.00
Balance Due	\$2,627.79

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



Cement or Acid Field Report
 Ticket No. 1904
 Foreman Shannon Feck
 Camp Eureka

APT 15-111-20525

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-31-14	1000	Francis Redeker #3	13	215	10E	Lyon	KS
Customer <u>Trimble & MacLasken</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>			5F	105	Dave G		
City <u>Gridley</u>			D6	113	Joey K		
State <u>KS</u>			JK				
Zip Code <u>66852</u>							

Job Type S/P Hole Depth 120' Slurry Vol. 19 Bbl Tubing _____
 Casing Depth 105' 6.4" Hole Size 12 1/4" Slurry Wt. 14.8-15.4 Drill Pipe _____
 Casing Size & Wt. 8 5/8" @ 24# Cement Left in Casing 15' Water Gal/SK 6.5 Other _____
 Displacement 6.5 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting, Rig up to 8 5/8" casing, Break circulation w/ 5 Bbl H₂O, mixed 80 sks class 'H' cement w/ 3% calcium & 2% gel @ 14.8-15.4/gal. Displace w/ 6.5 Bbl H₂O & shut casing in. Good cement returns to surface, 2-3 Edl Slurry to pit. Rig down, job complete.

" Thank you "
 Shannon & crew.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	30	Mileage	3.95	118.50
C200	80 sks	Class A cement	15.00	1200.00
C205	225 #	Calcium @ 3%	.60	135.00
C206	150 #	Gel @ 2%	.20	30.00
C108A	3.76 Ton	Ton mileage bulk Trk	m/l	345.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 <138.31> 2621.79 </div>				
			Sub Total	2668.50
			7.15% Sales Tax	97.60
Authorization <u>M Dsch</u> Title <u>Tool Pusher</u>			Total	2766.10

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.