

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242841
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: _____

1242841

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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Elite Cementing & Acid Service, LLC

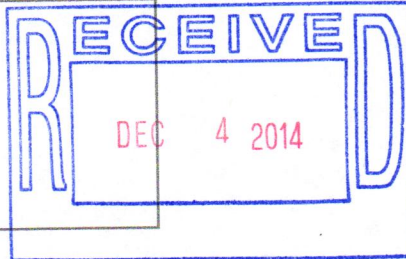
810 E 7th, PO Box 92
Eureka, KS 67045



✓ AK

Date	Invoice #
11/30/2014	1938

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



Job Date	11/3/2014
Lease Information	
Ralph Redeker #4	
County	Lyon
Foreman	RM

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C113 D101	80 Bbl Vac Truck Discount on Services	5	85.00 -21.25	425.00 -21.25

We appreciate your business!

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

Subtotal	\$403.75
Sales Tax (7.15%)	\$0.00
Total	\$403.75
Payments/Credits	\$0.00
Balance Due	\$403.75

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



Cement or Acid Field Report
 Ticket No. 1938
 Foreman Russell McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-3-14	1000	Ralph Redeker # 4				Lyon	KS
Customer Trimble + MacLasky			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 171				145	Russ		
City Gridley							
State KS							
Zip Code 66852							

Job Type Water TK Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Transfer 3 loads mud + 2 loads water
From Francis Redeker # 3 to

Code	Qty or Units	Description of Product or Services	Unit Price	Total
		Pump Charge		
		Mileage		
C-113	5 hr	80 Bbl VAC Truck	85.00	425.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> 590 < 21.25 \$12525 </div>				
			Sales Tax	—

Authorization by Mike Staffin Title Rig Person Total 425.00

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.

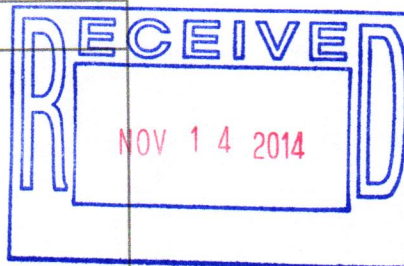
Elite Cementing & Acid Service, LLC

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



Date	Invoice #
11/10/2014	1909

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



Job Date	11/6/2014
Lease Information	
Ralph Redeker #4	
County	Lyon
Foreman	SF

Item	Description	Qty	Terms	Net 30
			Rate	Amount
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. 1909
 Foreman Shannon Feck
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-6-14	1000	Ralph Redeker #4				Lyon	Ks
Customer <u>Trimble + Macloskey</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>			5F	105	Dave G		
City <u>Gridley</u> State <u>Ks</u> Zip Code <u>66852</u>			DB	112	John S		
			JS				

Job Type P.T.A. Hole Depth 2611' Slurry Vol. _____ 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 65 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM ✓

Remarks: Safety meeting, Rig up to 4 1/2" drill pipe + set following plugs

- #1 @ 2611' w/ 25 SKS
- #2 @ 1300' w/ 15 SKS
- #3 @ 180' to surface w/ 60 SKS
- #4 Rathole w/ 15 SKS

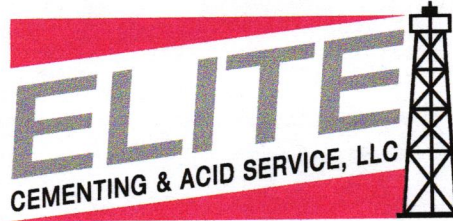
115 SKS Total 60/40 po2 w/ 4% gel

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C103	1	Pump Charge	1050.00	1050.00
C107	30	Mileage	3.95	118.50
C203	115 SKS	60/40 po2mix Cement	12.75	1466.25
C206	400 #	Gel @ 4%	.20	80.00
C108A	5 Ton	Ton mileage bulk Trx	m/c	345.00
		"Thank You"		
		Shannon + Crew		
		590 < 158.50 >		
		\$3011.79		
			Sub Total	3059.75
			Sales Tax 7.15%	110.56
Authorization <u>[Signature]</u> Title <u>Tool Pusher</u>			Total	3170.31

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Elite Cementing & Acid Service, LLC

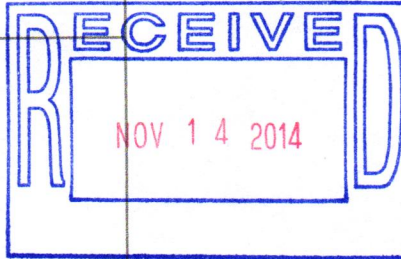
810 E 7th, PO Box 92
Eureka, KS 67045



✓ BPx2

Date	Invoice #
11/10/2014	1900

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



Job Date	11/3/2014
Lease Information	
Ralph Redeker #4	
County	Lyon
Foreman	KM

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	75	15.00	1,125.00T
C205	Calcium Chloride	210	0.60	126.00T
C206	Gel Bentonite	140	0.20	28.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
D101	Discount on Services		-65.18	-65.18
D102	Discount on Materials		-63.95	-63.95T

We appreciate your business!

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

Subtotal	\$2,453.37
Sales Tax (7.15%)	\$86.88
Total	\$2,540.25
Payments/Credits	\$0.00
Balance Due	\$2,540.25

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



Cement or Acid Field Report
 Ticket No. **1900**
 Foreman Kevin McCoy
 Camp _____

API 15-111-20527

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-3-14	1000	RALPH Redeker #4	13	215	10E	LYON	KS
Customer			Unit #	Driver	Unit #	Driver	
Trimble & Mackasky			102	CHRIS G.			
			111	DAVE G.			
Mailing Address			Safety Meeting				
P.O. Box 171			Km CB				
City	State	Zip Code					
Gridky	KS	66852					

Job Type SURFACE Hole Depth 120' KB Slurry Vol. 18 BBL Tubing _____
 Casing Depth 105' G.L. Hole Size 12 1/4" Slurry Wt. 15" Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23# Cement Left in Casing 15' Water Gal/SK 6.5 Other _____
 Displacement 6.7 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8" casing. Break circulation w/ 5 BBL Fresh water. Mixed 75 sks CLASS "A" Cement w/ 3% CaCl2, 2% Gel @ 15" / gal = 18 BBL Slurry. Displace w/ 6.7 BBL Fresh water. Shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	30	Mileage	3.95	118.50
C 200	75 sks	CLASS "A" Cement	15.00	1125.00
C 205	210 #	CaCl2 3%	.60	126.00
C 206	140 #	Gel 2%	.20	28.00
C 108A	3.52 Tons	Ton Mileage	M/C	345.00
<div style="border: 1px solid black; border-radius: 50%; padding: 20px; display: inline-block;"> 590 < 133.70 > \$2540.25 </div>				
THANK You			Sub Total	2582.50
AT			Sales Tax 7.15%	91.45
Authorization <u>Witnessed by Mike STAFFORD Title Toolpusher</u>				Total 2673.95

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.