



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1245001
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: _____



1245001

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
--	---

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: _____ _____
--	---	---



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-3676

#2228

2166
INVOICE # 803478

TICKET NUMBER 50839
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-20-15	4448	hoorner KRI-25	SE 31	16	22	M.

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kanegas Resources LTD	330	Alan Mader	Safety	Meat
	368	Ad. McD.		
	370	Mik Fox		
	548	Dan Wlg		

MAILING ADDRESS	CITY	STATE	ZIP CODE
9393 W 110th	Overland Park	KS	66210

JOB TYPE loss string HOLE SIZE 5 7/8 HOLE DEPTH 770 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 758.3 DRILL PIPE _____ TUBING _____ OTHER of 726.65
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.22 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 gpm

REMARKS: held meeting Established rate. Mixed & pumped 100# gel followed by 96 sk 50/50 cement plus 2% gel & 1/2# Pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Utah, Waylon

15 42
43 42
0 42
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	368	6300
5402	758.3	casing footage	368	278033.6
5407	m.i.g	ton miles	548	36800
5502C	1 1/2	80 vac	370	15000
1124	98	50/50 cement	1127.00	110446
1118B	265#	gel	58.30	15449.5
1107A	49#	Pheno seal	66.15	3240.45
		material sub	1251.45	
		less 30% material	375.44	
		total		876.01
4402	1	2 1/2 plug		29.50
SCANNED				
		SALES TAX		69.27
		ESTIMATED TOTAL		2640.78

Revin: 3737

AUTHORIZATION Tracy TITLE _____ DATE 30 44 94

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.

SPUD DATE: 2-18-15
 FINISH DATE: 2-20-15
 LEASE: Loomer
 LEASE OPERATOR: KRED
 WELL: KRI-25
 API: 15-121-30897
 SEC: 31 TWP: 16 RNG: 22
 COUNTY: Miami
 DRILLERS NAME: Waylon Johns
 RIG #: 2



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 11" LENGTH 20' SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8" LENGTH 758.30 SIZE 2 7/8" BAFFLE 3.65
 TD 770 CORED 1st Core 657-677 2nd Core 677-697

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	3	0	3	Shale	81	381	462
Lime	5	3	8	Grav Sand No Oil Show	7	462	469
Shale	13	8	21	Shale	53	469	524
Lime	17	21	38	Lime	6	524	530
Shale	24	38	62	Shale	7	530	537
Lime	15	62	77	Lime	3	537	540
Shale	98	77	175	Shale	25	540	565
Lime	19	175	194	Lime	5	565	570
Shale	7	194	201	Shale	18	570	588
Lime	1	201	202	Lime	2	588	590
Shale	4	202	206	Shale	4	590	594
Lime	4	206	210	Lime	4	594	598
Shale	19	210	229	Shale	7	598	605
Lime	1	229	230	Lime	1	605	606
Shale	3	230	233	Shale	2	606	608
Lime	4	233	237	Lime	2	608	610
Coal	5	237	242	Shale	15	610	625
Shale	12	242	254	Lime	3	625	628
Lime	11	254	265	Shale	13	628	641
Shale	1	265	266	Lime	1	641	642
Lime	3	266	269	Shale	11	642	653
Shale	14	269	283	20% Broken Grey Sand Small No Bleed	2	653	655
Lime	16	283	309	70% Oil Sand Good Bleed	1	655	656
Shale	7	309	316	Solid Oil Sand Good Bleed CP	1	656	657
Lime	22	316	338	Solid Oil Sand Good Bleed	2	657	659
Shale	4	338	342	30% Oil Sand Light Bleed	2	659	661
Lime	6	342	348	70% Oil Sand Bleed	1	661	662
Shale	4	348	352	Solid Oil Sand Good Bleed	3	662	665
Lime KC	6	352	358	Shale	1.25	665	666.25
Shale	20	358	378	Solid Oil Sand Good Bleed	.75	666.25	667
Grey Sand No Oil Show	3	378	381	40% Oil Sand Bleed	1	667	668

