

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1245005

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: _____



1245005

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 (Attach Additional Sheets)	<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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

API 15-121-30899.00.00

INVOICE #83438
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50838

LOCATION *Ottawa*

FOREMAN Alan Mader

DATE		CUSTOMER #		WELL NAME & NUMBER		SECTION		TOWNSHIP		RANGE		COUNTY			
2-17-15		4448		Loomer KR I-3D		SE 31		16		22		MI			
CUSTOMER Kansas Resources EtD															
MAILING ADDRESS 9393 W 110th															
CITY Overland Park				STATE KS		ZIP CODE 66210		TRUCK #		DRIVER		TRUCK #		DRIVER	
								730		Ala Mack		Safety		Meet	
								368		Earl McD					
								675		Kip Det					
								510		Gar Mop					

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>765</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>725.25</u>	DRILL PIPE	TUBING	OTHER <u>724.70 BT</u>
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>YES</u>
DISPLACEMENT <u>4.21</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46 BPM</u>

REMARKS: Held meeting. Established rate. Mixed & pumped 100 # gel followed by 106 SK 30/50 cement plus 230 gal $\frac{1}{2}$ # phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PST. Set float.

Waylon, Utah

Alexander

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	368	63.00
5402	755.25	Casing footage	368	
5407	min	ten miles	510	368.00
3502L	1 1/2	80 val	675	150.00
1124	106	50150 cement	1219.00	
1118B	278 #	gel	61.16	
1107A	53 #	phenoseal	71.55	
		material sub	1351.71	
		less 30% -	405.51	
		Material total		946.20
4402	1	2 1/2 plug		29.50
<div> <input checked="" type="checkbox"/> completed </div>				
			SALES TAX	74.10

Ravin 3737

AUTHORIZTION

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.

SPUD DATE: 2-17-15
 FINISH DATE: 2-17-15
 LEASE: Loomer
 LEASE OPERATOR: KRED
 WELL: KBT-30
 API: 15-121-30899
 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 755.25 SIZE 2 7/8 New BAFFLE 30.55
 TD 765 CORED 1st Core 656-676 2nd Core 676-696

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	4	0	4	Grey Sand No Oil Show	2	378	380
Lime	5	4	9	Shale	83	380	463
Shale	3	9	12	Broken Grey Sand No Oil Show	6	463	469
Lime	1	12	13	Shale	46	469	515
Shale	12	13	25	Lime	2	515	517
Lime	15	25	40	Shale	7	517	524
Shale	22	40	62	Lime	7	524	531
Lime	15	62	77	Shale	6	531	537
Shale	99	77	176	Lime	4	537	541
Lime	19	176	195	Shale	24	541	565
Shale	30	195	225	Lime	6	565	571
Lime	6	225	231	Shale	16	571	587
Shale	2	231	233	Lime	2	587	589
Lime	4	233	237	Shale	5	589	594
Shale	2	237	239	Lime	3	594	597
Coal	6	239	245	Shale	10	597	607
Shale	8	245	253	Lime	1	607	608
Lime	12	253	265	Shale	31	608	639
Shale	2	265	267	Lime	2	639	641
Lime	2	267	269	Shale	13	641	654
Shale	15	269	284	Solid Oil Sand Good Bleed CP	2	654	656
Lime	10	284	294	Solid Oil Sand Good Bleed	9.5	656	665.5
Shale	2	294	296	Lime	.5	665.5	666
Lime	13	296	309	Solid Oil Sand Good Bleed	1	666	667
Shale	7	309	316	Lime	1	667	668
Lime	22	316	338	Solid Oil Sand Good bleed CP	8	668	676
Shale	5	338	343	Solid Sand Light Bleed	6	676	682
Lime	4	343	347	60% Broken Sand Good Bleed	1	682	683
Shale	4	347	351	Solid Oil Sand Good Bleed	4	683	687
Lime	7	351	358	70% Broken Oil Sand Bleed	5	687	692
Shale	20	358	378	Solid Black Sand Bleed Vert Hard	2	692	694

