



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1245867
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: _____



1245867

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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SPUD DATE: 10-1-14
 FINISH DATE: 10-1-14
 LEASE: Foppel
 LEASE OPERATOR:
 WELL: G-2
 API: 15-059-26917
 SEC: 18 TWP: 16 RNG: 21
 COUNTY: Franklin
 DRILLERS NAME: Waylon Johns
 RIG #: 2



2394 UTAH ROAD
IRANTOUL, KS 66079

SURFACE: SIZE BIT 11" LENGTH 20' SIZE 7" CEMENT 5 Bags
 DRILL BIT SIZE 5 7/8 LENGTH 683.30 SIZE 2 7/8 Used BAFFLE N/A
 TD 695 CORED No Core

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil	2	0	2	Lime "Soft"	5	501	506
Rock/Clay	4	2	6	Shale	8	506	514
Lime	13	6	19	Lime	8	514	522
Shale	1	19	20	Shale	1	522	523
Lime	1	20	21	Lime	1	523	524
Shale	25	21	46	Shale	1	524	525
Lime	1	46	47	Lime	5	525	530
Shale	14	47	61	Shale	47	530	577
Lime	34	61	95	Lime	10	577	587
Shale	63	95	158	Shale	10	587	597
Lime	2	158	160	Lime	4	597	601
Shale	1	160	161	Shale	11	601	612
Lime	17	161	178	Lime	9	612	621
Shale	3	178	181	Shale	14	621	635
Lime	2	181	183	Lime	4	635	639
Shale	21	183	204	Shale	5	639	644
Lime	5	204	209	Lime	1	644	645
Red Bed	12	209	221	Shale	4	645	649
Shale	22	221	253	50% Grey Sand No Oil Show	2	649	651
Lime	8	253	261	30% Grey Sand Small No Bleed	1	651	652
Shale	1	261	262	Shale	1	652	653
Lime	5	262	267	80% Oil Sand Good Bleed	1	653	654
Shale	10	267	277	Solid Oil Sand Heavy Bleed	3	654	657
Lime	29	277	306	Solid Oil Sand Good Bleed	2	657	659
Shale	8	306	314	90% Oil Sand Light Bleed	1	659	660
Lime	21	314	335	30% Oil Sand Light Bleed	1	660	661
Coal	4	335	339	50% Grey Sand No Oil Show	3	661	664
Lime	5	339	344	Shale TD	31	664	695
Shale	1	344	345				
Lime	6	345	351				
Shale	150	351	501				



271768
JM 47
FT 44

TICKET NUMBER 48289
LOCATION Ottawa
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-487-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-14	3132	Fernal G-3	NW 18	18	22	FR
CUSTOMER Gulotto Co. LLC			TRUCK #			
MAILING ADDRESS 1526 S. Willow			DRIVER			
CITY Ottawa		STATE KS	ZIP CODE 66067	TRUCK #		
JOB TYPE <u>long string</u>				HOLE SIZE <u>5 7/8</u>		
CASING DEPTH <u>683.32</u>				HOLE DEPTH <u>695</u>		
SLURRY WEIGHT				CASING SIZE & WEIGHT <u>2 7/8</u>		
DISPLACEMENT <u>3.97</u>				OTHER		
REMARKS:				WATER gal/sek		
				CEMENT LEFT IN CASING <u>yes</u>		
				RATE <u>4 bpm</u>		

DRILL PIPE _____ TUBING _____
SLURRY VOL _____ WATER gal/sek _____
DISPLACEMENT PSI 900 MIX PSI 200 CEMENT LEFT IN CASING yes
RATE 4 bpm

REMARKS: held meetings. Established rate. Mixed & pumped 100# gel followed by 93 sk 50 150 cement plus 20% gel. Circulated cement. Flashed pump. Pumped plus to casing TD. Well held 800 PSI. Set float.

Utah, Waylon

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	268	63.00
5402	683.3	casing footage	368	368.00
5407	min	ten miles	503	368.00
5502C	1 1/2	80 vac	369	150.00
46 1124	93	50/150 cement	1069.50	
1183	256	gel	56.33	
		material 945	1125.82	
		less 30%	337.75	
4402	1	2 1/2 plus material total		788.07
				29.72
				2109.70

Notes 3707 No Ref on site

AUTHORIZATION _____ TITLE _____ DATE 2/8/12

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.

62.54
296.11
233.57