



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1245908
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: _____



1245908

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: <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 <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: _____ _____
--	--	---

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



Cement or Acid Field Report
 Ticket No. 1799
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-073-24224

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-8-14	1090	Pixlee C SWD #1	8	22S	10E	GW	Ks
Customer <u>R&W Energies</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>403 N. Myrtle</u>			KM	104	ALAN M.		
City <u>EUREKA</u>			AM	112	John S.		
State <u>Ks</u>	Zip Code <u>67045</u>		JS	114	Joey K.		
			JK	111	John S.		
			RM	141	Rudy M.		

Job Type Longstring Hole Depth 3160' G.L. Slurry Vol. 47 BBL STAGE #1 Tubing _____
 Casing Depth 2964.79' G.L. Hole Size 7 7/8" Slurry Wt. 109 BBL STAGE #2 Drill Pipe _____
 Casing Size & Wt. 5 1/2" 17" Cement Left in Casing 3' PACKER SHOE Water Gal/SK _____ Other _____
 Displacement 46.5 BBL STAGE #2 Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: 5 1/2" 17" Csg Set @ 2964.79' w/ PACKER SHOE = G.L. DV TOOL Set @ 1982.86 Below G.L. Stage #1. Rig up to 5 1/2" Csg. DROP BRASS TRIP BALL. Set PACKER SHOE @ 1250 PSI. Pump 10 BBL FRESH WATER. MIXED 155 SKS THICK SET CEMENT w/ 2" PHENO SEAL / SK @ 13.5 #/GAL, YIELD 1.70 = 47 BBL SLURRY, WASH OUT PUMP & LINES. Shut down. Release LATCH DOWN FLEX PLUG. Displace Plug to SEAT w/ 70.5 BBL FRESH WATER. FINAL Pumping Pressure 700 PSI. Bump Plug to 1200 PSI. Release Pressure, Plug & FLOAT Held. DROP TRIP BOMB. WAIT 8 MINS. Open DV TOOL @ 1350 PSI. Circulate 8 BBL CEMENT SLURRY OFF TOP OF DV TOOL to PIT w/ MUD PUMP. Circulate 2 Hrs w/ MUD PUMP. Stage #2 BREAK Circulation w/ 5 BBL FRESH WATER. MIXED 350 SKS 60/40 POZMIX CEMENT w/ 6% GEL, 2" PHENO SEAL / SK @ 12.7 #/GAL, YIELD 1.75, = 109 BBL SLURRY, WASH OUT PUMP & LINES. Shut down. Release Closing Plug. Displace Plug to SEAT w/ 46.5 BBL FRESH WATER. FINAL Pumping Pressure PSI. Close TOOL @ 1300 PSI. Bump Plug to 1750 PSI. Release Pressure. No-Flow BACK TOOL Closed. Good Cement to SURFACE = 20 BBL SLURRY to PIT. CENTRALIZERS on #1, 12, 13, 14, 15, 23 BASKETS on TOP of #3, #23. DV. TOOL TOP of #24

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge Stage #1	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 102	1	Pump Charge Stage #2	1050.00	1050.00
C 201	155 SKS	THICK SET CEMENT } Stage #1	19.50	3022.50
C 208	310 *	PHENO SEAL 2" / SK } Stage #1	1.25 *	387.50
C 203	350 SKS	60/40 POZMIX CEMENT } Stage #2	12.75	4462.50
C 206	1800 *	GEL 6% } Stage #2	.20 *	360.00
C 208	700 *	PHENO SEAL 2" / SK } Stage #2	1.25 *	875.00
C 108 B	23.57 TONS	Tan Mileage 30 miles	1.35	954.59
C 113	4 HRS	80 BBL VAC TRUCK	85.00	340.00
C 224	3300 GALS	CITY WATER	10.00 / 1000	33.00
C 752	1	5 1/2 Type "A" PACKER SHOE	1400.00	1400.00
C 681	1	5 1/2 FLOAT COLLAR BODY ONLY	225.00	225.00
C 776	1	5 1/2 DV TOOL (STAGE COLLAR) w/ PLUGS	3325.00	3325.00
C 604	2	5 1/2 CEMENT BASKETS	225.00	450.00
C 504	6	5 1/2 x 7 7/8 CENTRALIZERS	48.00	288.00
C 790	1	THREAD LOCK KIT	30.00	30.00
			Sub TOTAL	18371.59
			Sales Tax 7.15%	1062.38
Authorization <u>[Signature]</u> Title <u>[Signature]</u>			Total	19,433.97

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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

March 17, 2015

KevinF. Hough
R & W Energies, a General Partnership
403 N. MYRTLE
EUREKA, KS 67045

Re: ACO-1
API 15-073-24224-00-00
Pixlee SWD #1
NW/4 Sec.08-22S-10E
Greenwood County, Kansas

Dear KevinF. Hough:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 9/29/2014 and the ACO-1 was received on March 17, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department