



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247005
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: _____



1247005

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 <i>(Attach Additional Sheets)</i>	<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 <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Cement or Acid Field Report
 Ticket No. 1882
 Foreman River Ledford
 Camp Eureka KS



810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561
 AP# 15-265-29296

Date		10-28-14		Cust. ID #		1180		Lease & Well Number		Face # 13	
Customer		A x P		Mailing Address		P.O. Box 1176		City		Independence	
Safety Meeting		Unit #		Driver		Unit #		Driver		State	
21		303		166		Wilson		KS		Zip Code	
67301		145		John S.		Alan G.					
111		102		Troy K.							
145											

Job Type: L/S
 Hole Depth: 855'
 Slurry Vol.: 13.8'
 Slurry Wt.: 1.5
 Water Gal/SK: 1.5
 Cement Left in Casing: 0
 Displacement PSI: 300
 Bump Plug to: 581
 Displacement PSI: 300
 Casing Depth: 853
 Hole Size: 2 7/8
 Casing Size & Wt.: 2 7/8
 Other: BPM
 Drilling Pipe: BPM
 Tubing: BPM

Remarks: Safety meeting. Rig up to 204 ft. Better circulation w/ 5 bbl fresh water. Log 100* gel. flush, 5 bbl water spacer. Mixed 85 sur class A cement 1.2% gel + 10% cells @ 13.8'/gal. Shut down, washout pump & lines, stuff 1 lbs. Displace w/ 5 bbl fresh water. Final pump pressure 300 PSI. Bump plug to 800 PSI. SHF well in @ 600 PSI. Good cement returns to surface = 3 bbl slurry to pit. Job complete. Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C109	1	Pump Charge	1850.00	1850.00
C107	50	Mileage	3.95	197.50
C200	85 SKS	Class A cement	15.00	1275.00
C206	160"	2% gel	20	32.00
C205	80"	1% cells	1.00	48.00
C206	100"	gel. flush	20	20.00
C102A	4	Fun mileage bucket	93.75	375.00
C113	3 KS	80 bbl water tank	85.00	255.00
C274	3,000 gals	city water	10.00/1000	30.00
C461	1	2718 top rubber plug	28.00	28.00
				88.13
				3280.50
				10.15%
				3368.63

Authorization to Invoiced by Tom
 Title Co. Inc

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.

Cement or Acid Field Report

Ticket No. **1882**

Foreman River Ledford
 Camp Evolve KS

810 E 7th
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561
 ADP# 15-265-28226



Date	10-28-14	Cust. ID #	1100	Lease & Well Number	Face # 13
City	Independence	State	KS	Zip Code	67301
Mailing Address	P.O. Box 1176				
Customer	A X + P				
Safety Meeting	OK				
Driver	John K.	Unit #	100	Driver	John S.
Driver	Alan G.	Unit #	145	Driver	
Section	21	Township	30S	Range	16E
County	Wilson	State	KS	County	Wilson

Job Type L/S
 Hole Depth 855'
 Slurry Vol. 13.8*
 Slurry Wt. 13.8*
 Drill Pipe _____
 Other _____
 Displacement 5.81
 Cement Left in Casing 0
 Displacement PSI 300
 Bump Plug to 600 515'
 Bump Plug to _____
 BPM _____

Remarks: Safety meeting. Ring up to 204 ft. Better circulation w/ 5 bbl fresh water keep 100 gal. flush, 5 bbl water spacer. Mixed 85 sac class A cement @ 120 gals/100 ccw @ 13.8' / gal. Shift down, washout part of lines stuff 10 hrs. Displace w/ 5 bbl fresh water. Final pump pressure 300 PSI. Dump plug to 800 PSI. Shift well in @ 600 PSI. Good cement returns to surface = 3 bbl slurry to pit. Job complete. Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C109	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C200	85 SKT	Class A cement	15.00	1275.00
C206	160"	2" x 2" gal	20	32.00
C205	80"	1 1/2" casing	1.00	48.00
C206	100"	gel. flush	20	20.00
C102A	4	Fun mileage bucket	93.75	375.00
C113	3 KS	80 bbl var mix	85.00	955.00
C224	3,000 gals	city water	10.00 / 1000	30.00
C461	1	2718' top rubber plug	28.00	28.00
				10.15%
				Subtotal
				3280.50
				88.13
				3368.63

Authorization to Invoiced by Tom
 Title Co Op

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.