



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247447
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: _____



1247447

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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Operator License # 34897
 Operator SCZ Resources
 Address 8614 Cedarspur Drive
 City Houston, TX 77055
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 860'
 T.D. of pipe 827'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-001-31238-00-00
 Lease Name Kendall Dice
 Well # I-32
 Spud Date 10/7/2014
 Cement Date
 Location Sec 22 T 26 R 18
 1 feet from S line
 990 feet from W line
 County Allen

Driller's Log

Thickness	Strata	From	To
5	dirt	0	5
34	lime	5	39
22	shale	39	61
14	lime	61	75
55	shale	75	130
62	lime	130	192
7	shale	192	199
23	lime	199	222
4	shale	222	226
26	lime	226	252
3	shale	252	255
20	lime	255	275
162	shale	275	437
13	lime	437	450
10	shale	450	460
4	sand	460	464
84	shale	464	548
18	lime	548	566
37	shale	566	603
17	lime	603	620
15	mix	620	635
82	shale	635	717
2	lime	717	719
58	shale	719	777
2	top sand	777	779
2	ok	779	781
2	ok	781	783
1	ok	783	784
76	shale	784	860

271831


 PO Box 884, Chanute, KS 66720
 620-431-8218 or 800-987-9878
TICKET NUMBER 50504LOCATION Ottawa KsFOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-8-14	7752	W Kendall/Dice # I-22	SEC 22	26	18	AL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			712	Fred Mader		
CITY			495	Mad Ace		
STATE			505/7103	Gar Mao		
ZIP CODE			510	Mat Co		
HOLE SIZE			CASING SIZE & WEIGHT			
HOLE DEPTH			OTHER			
DRILL PIPE			CEMENT LEFT IN CASING			
WATER gal/sk			RATE			
MIX PSI			DISPLACEMENT PSI			

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 860 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 627 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 4.8 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix & Pump 100% Gel
Flush. Mix & Pump 50/50 Per Mix Cement 2 7/8 Gel
Cement to surface. Flush pump & lines clean. Displace 2 1/2"
rubber plug to casing TD. Pressure to 800 PSI. Monitor
pressure for 30 min. MIT. Release pressure to set float
values. Shut in casing.

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1025.00
5406	-	MILEAGE		4/c
5402	827	Casing footage		4/c
5407A	365.94	Tax Miles	510	520.21
5501C	1.25 hrs	Transport	505/7103	160.00
1184	132 sks	50/50 Per Mix Cement	1518.00	
1115B	322*	Premium Gel	2370.00	
		Material	1588.00	
		Less 30%	- 476.40	
		Total		1112.60
4402	1	2 1/2" Rubber Plug		29.00
			4578.16	
			7.4%	
		SALES TAX		84.50
		ESTIMATED TOTAL		2981.00

Form 8727

AUTHORIZATION Carl J. Jester

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.