



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247449
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: _____



1247449

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

271418

TICKET NUMBER 48222
LOCATION Ottawa KS
FOREMAN Fred Madar

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-24-14	7752	W Kendall Dice # I-28	S10 22	26	18	AL
CUSTOMER SCZ Resources LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 8614 Cedar spur Dr			712 Fred Mad			
CITY STATE ZIP CODE Houston TX 77055			495 Hal Dec			
			505-7106 Max Dec			
			548 Dan Wba			

JOB TYPE Longstring HOLE SIZE 6 HOLE DEPTH 560 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 844 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" plug
 DISPLACEMENT 4.9 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 bpm

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100#
Gel flush. Mix + Pump 5 sks 50/50 Poz Mix Cement 2 7/8 EUE
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
value. Shut in casing.

JTC Drilling

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	-	MILEAGE		N/C
5402	844	Casing footage		N/C
5407A	343.78	Ton Miles	548	4847 ⁷⁸
5501C	1 1/2 hr	Transport	505/7106	150 ⁰⁰
1124	123 SKS	50/50 Poz Mix Cement	1414 ⁵⁰	
118B	307 ⁰⁰	Premium Gel	67 ⁰⁰	
		Material	1482 ⁰⁰	
		Less 30%	-444 ⁶⁰	
		Total		1037 ⁴⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			3373.12	
			2.4%	SALES TAX 78 ⁹⁵
				ESTIMATED TOTAL 2895 ⁶⁷

Rev'n 3737

AUTHORIZATION _____ 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.

Operator License #	34897	API #	15-001-31244-00-00		
Operator	SCZ Resources	Lease Name	Kendall Dice		
Address	8614 Cedarspur Drive	Well #	I-38		
City	Houston, TX 77055				
Contractor	JTC Oil, Inc.	Spud Date	9/19/2014		
Contractor License #	32834	Cement Date			
T.D.	860'	Location	Sec 22	T 26	R 18
T.D. of pipe	854'		330 feet from	S	line
Surface pipe size	7"		660 feet from	W	line
Surface pipe depth	20'	County	Allen		
Well Type	Injection				

Driller's Log

Thickness	Strata	From	To
7	dirt	0	7
29	lime	7	36
21	shale	36	57
15	lime	57	72
50	shale	72	122
70	lime	122	192
6	shale	192	198
23	lime	198	221
6	shale	221	227
25	lime	227	252
2	shale	252	254
21	lime	254	275
158	shale	275	433
21	lime	433	454
3	sand	454	457
2	shale	457	459
3	sand	459	462
78	shale	462	540
2	lime	540	542
4	shale	542	546
19	lime	546	565
38	shale	565	603
16	lime	603	619
11	mix	619	630
88	shale	630	718
2	lime	718	720
59	shale	720	779
1	sand	779	780
2	good	780	782
2	ok	782	784
2	ok	784	786
17	shale	786	803
2	sand	803	805
55	shale	805	860

good