



Confidentiality Requested:
 Yes No

KANSAS CORPORATION COMMISSION 1247471
 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 Date Reached TD Completion Date or
 Recompletion Date 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: _____



1247471

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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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

271414

TICKET NUMBER 48220

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-24-14	7752	W Kendall Dice # I-47	SW 22	26	18	AL
CUSTOMER			TRUCK #			
SCZ Resources LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
8614 Cedar Spur Dr			DRIVER			
CITY			TRUCK #			
Houston			DRIVER			
STATE			TRUCK #			
TX			DRIVER			
ZIP CODE			TRUCK #			
77055			DRIVER			

JOB TYPE Longstring HOLE SIZE 6 HOLE DEPTH 840 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 822 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.78 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix & Pump
100# Gal Flush. Mix & Pump SKS 50/50 Per Mix Cement
2 1/2 Gal. 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 valve. Shut in casing.

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	485	1085 ⁰⁰
5406	-	MILEAGE		N/C
5402	822	Casing Footage		N/C
5407A	343.78	Ton Miles	510	484 ⁷⁴
5507C	1 1/2 hr	80 B Bl Vac Truck	675	150 ⁰⁰
1124	123 SKS	50/50 Per Mix Cement	1414 ⁵⁰	
1118A	307#	Premium Gel	67 ⁵⁰	
		Material	1482 ⁰⁰	
		Less 30%	- 444 ⁶⁰	
		Total		1037 ⁴⁰
4422	1	2 1/2" Rubber Plug		29 ⁵⁰
			3343.12	
		7.4%	SALES TAX	78 ⁰⁰
			ESTIMATED TOTAL	2865 ⁴⁰

Kevin 3737

AUTHORIZATION J. [Signature] 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
 Operator SCZ Resources
 Address 8614 Cedarspur Drive
 City Houston, TX 77055
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 840'
 T.D. of pipe 822'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Omkectopm

API # 15-001-31253-00-00
 Lease Name Kendall Dice
 Well # I-47
 Spud Date 9/16/2014
 Cement Date
 Location Sec 27 T 26 R 18
 330 feet from N line
 330 feet from W line
 County Allen

Driller's Log

Thickness	Strata	From	To	
7	dirt	0	7	
34	lime	7	41	
22	shale	41	63	
16	lime	63	79	
48	shale	79	127	
3	lime	127	130	
4	shale	130	134	
61	lime	134	195	
7	shale	195	202	
23	lime	202	225	
6	shale	225	231	
24	lime	231	255	
4	shale	255	259	
22	lime	259	281	
155	shale	281	436	
11	lime	436	447	
9	shale	447	456	
2	sand	456	458	tiny
3	shale	458	461	
2	sand	461	463	ok
77	shale	463	540	
24	lime	540	564	
38	shale	564	602	
18	lime	602	620	
10	mix shale	620	630	
86	shale	630	716	
1	lime	716	717	
59	shale	717	776	
2	sand	776	778	tiny oil
2	sand	778	780	ok
2	sand	780	782	
2	sand	782	784	
2	lime	784	786	
54	shale	786	840	