



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247478
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: _____



1247478

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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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 824'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-001-31254-00-00
 Lease Name Kendall Dice
 Well # I-48
 Spud Date 9/14/14
 Cement Date
 Location Sec 27 T 26
 660 feet from N
 330 feet from W
 County Allen

Driller's Log

Thickness	Strata	From	To
4	dirt	0	4
37	lime	4	41
23	shale	41	64
13	lime	64	77
51	shale	77	128
70	lime	128	198
6	black shale	198	204
21	lime	204	225
6	shale	225	231
27	lime	231	258
5	black shale	258	263
20	lime	263	283
157	shale	283	440
10	lime	440	450
103	shale	450	553
15	lime	553	568
37	shale	568	605
17	lime	605	622
8	mix shale	622	630
89	shale	630	719
1	lime	719	720
60	shale	720	780
2	sand	780	782
2	ok	782	784
40	shale	784	824

ok

R 18
line
line



271518

TICKET NUMBER 48219

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-24-14	7752	W Kendall-Dice #I-48	S42 22	26	18	AL
CUSTOMER			TRUCK #			
SC7 Resources LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
8614 Cedarspur Dr			DRIVER			
CITY			TRUCK #			
Houston			DRIVER			
STATE			TRUCK #			
TX			DRIVER			
ZIP CODE			TRUCK #			
77055			DRIVER			

JOB TYPE Logging HOLE SIZE 6 HOLE DEPTH 840 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 824 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/hr _____ CEMENT LEFT IN CASING 2 3/8" Plug
 DISPLACEMENT 4.79 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix & Pump
 100 gal Flush. Mix & Pump 123 SKS 50/50 Per Mix Cement
 270 gal. Cement to Surface. Flush pump & lines clean.
 Displace 2 3/8" Rubber plug to casing. TK Pressure to 800 PSI.
 Monitor pressure for 30 min MIT. Release pressure
 to set Flood 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	495	1085 ⁰⁰
5406	65mi	MILEAGE	495	273 ⁰⁰
5402	824	Casing footage		N/C
5407A	242-78	Ton Miles	500	484 ⁷⁴
5502C	1hr	80 Bbl Vac Truck	675	150 ⁰⁰
1124	123 SKS	50/50 Per Mix Cement	1414 ⁵⁰	
1118B	307 #	Premium Gel	675 ⁰⁰	
		Material	14820 ⁰⁰	
		less 30%	-4446 ⁰⁰	
		Total		103743
4402	1	2 3/8" Rubber plug		295 ⁰⁰
			361612	
		7.4%	SALES TAX	78 ⁰⁰
			ESTIMATED TOTAL	313243

AUTHORIZATION JTC 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.