



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247609
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: _____



1247609

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Kansas NB Project LLC	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	3	Excess (%)	35%
Customer Acct #		TWP	34	Density	13.6
Well No.	NB #9	RGE	13	Water Required	8.1
Mailing Address		Formation		Yield	1.8
City & State		Tubing		Sacks of Cement	100
Zip Code		Drill Pipe		Slurry Volume	32
Contact		Casing Size	4 1/2	Displacement	14.5
Email		Hole Size	6 3/4	Displacement PSI	500
Cell		Casing Depth	935	MIX PSI	200
Dispatch Location	EUREKA	Hole Depth	936	Rate	3.5
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.20	\$ 189.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,642.00
Cement, Chemicals and Water					
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL.CHLORIDE 2% GE	100	0	\$19.75	\$ 1,975.00
1107A	PHENOSEAL	100	0	\$1.35	\$ 135.00
1110A	KOL SEAL (50 # SK)	600	0	\$0.46	\$ 276.00
1111	GRANULATED SALT (50#) SELL BY #	650	0	\$0.39	\$ 253.50
1118B	PREMIUM GEL/BENTONITE (50#)	300	0	\$0.22	\$ 66.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ (811.65)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	4.2	0	\$17.30	\$ 72.66
CHEMICAL TOTAL					\$ 1,966.51
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	3	ATER TRANSPORT (CEME	\$120.00	\$ 360.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ 360.00
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
Downhole Tools					
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 47.25
TRUCK#				DRIVER NAME	
690	John Wade		8.15%	SUB TOTAL \$ 4,015.76	
485	Zevi			SALES TAX \$ 230.27	
667	Jeff			TOTAL \$ 4,246.03	
452/103	Brent Mellen		0%	(-DISCOUNT) \$ -	
DISCOUNTED TOTAL					\$ 4,246.03

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *[Signature]*

Air Drilling Specialist Oil and Gas Wells
 Operator KANSAS MP PROJECTS Well No. MB-9 Lease BAYLESS 2 Loc. 937' Type/Well 937' State KS County CHAUTAUQUA
 Sec. 3 Twp. 34 Rge. 13
 Date Started 9-10-14 Date Completed 9-11-14

Job No.	Casing Used	45' 8 5/8"	Bit Record	Bit Record	From	To	Bit No.	Depth	Hours	Date Started	Date Completed
Driller	Cement Used		6 3/4"								
Driller	Rig No.										
Driller	Hammer No.										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	45	SURFACE	807	827	LIME (ALTAMONT)			
45	67	SHALE	827	832	LIMEY SHALE			
67	76	LIME	832	837	LIME			
76	132	SHALE	837	844	SHALE			
132	143	LIMEY SAND	844	870	SAND (OIL ODOR)			
143	177	SANDY SHALE	853		GAS ODOR			
177	193	SAND	855		OIL ODOR			
193	290	SANDY SHALE	870	880	SHALE			
290	297	LIMEY SHALE	880	890	SANDY SHALE			
297	313	SHALE	890	937	SHALE			
313	350	SAND (SALT WATER)						
350	354	LIME			T.D. 937'			
354	384	SAND						
384	386	COAL						
386	390	SHALE						
390	395	SANDY SHALE						
395	405	LIMEY SAND						
405	420	SANDY SHALE						
420	450	SHALE						
450	498	SAND						
498	503	LIME						
503	570	SHALE						
570	578	LIME						
578	580	SHALE						
580	595	REDD SAND (OIL ODOR)						
595	735	SANDY SHALE						
735	750	LIME						
750	753	SHALE						
753	760	SAND (WAYSIDE)						
760	780	SANDY SHALE						
780	807	SHALE						