



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248777
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: _____



1248777

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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10/18/14



#272320

2550000

334

CEMENT FIELD TICKET AND TREATMENT REPORT

John Pittman in 6357 d.h. martin #32	Montgomery, Kansas	CLASS A
		35
		13.7
		6.68
		1.48
	6 3/4	
	764	25
	4 1/2 INCH	12.2
	758	300
		150
eureka		3

5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	30	PER MILE	\$4.20	\$ 128.00
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	\$ -

EQUIPMENT TOTAL \$ 1,579.00

1131	6040 POZMIX CEMENT W/ NO ADDITIVES (40% POZ)	95	0	\$12.55	\$ 1,192.25
1110A	KOL SEAL (60 # SK)	500	0	\$0.46	\$ 230.00
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00
1118B	PREMIUM GEL/BENTONITE (50#)	150	0	\$0.22	\$ 33.00
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			30% DISCOUNT	\$0.00	\$ 465.98
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

CHEMICAL TOTAL \$ 1,087.28

0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

TRANSPORT TOTAL \$ -

0	Centralizer		0	\$0.00	\$ -
0	Float Shoes		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
0	Downhole Tools		0	\$0.00	\$ -

CEMENT FLOATING EQUIPMENT TOTAL \$ 47.25
 SUB TOTAL \$ 2,713.53
 6.30% SALES TAX \$ 170.76
 TOTAL \$ 2,884.29
 0% (-DISCOUNT) \$ -
 DISCOUNTED TOTAL \$ 2,884.29

640	Jeremy Austin
445	Jeremy McDonald
611	Jimmy Knowles

AUTHORIZATION

DATE

TITLE

FOREMAN

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

Jeremy Austin

0

Rig Number: <u>2</u>	S. <u>28</u> T. <u>33</u> R. <u>14</u>
API No. <u>15-125-32444</u>	County: <u>MG</u>
Elev. <u>867</u>	Location: <u>SENE SWSW</u>

Operator: <u>John Douglas Pitman Rev. Trust</u>	Lease Name: <u>D. H. Martin</u>
Address: <u>222 E. Sheridan</u>	
<u>OKC, OK 73104</u>	
Well No: <u>32</u>	
Footage Location: <u>880</u> ft. from the (N) (S) Line	
<u>4172</u> ft. from the (E) (W) Line	
Drilling Contractor: <u>McPherson Drilling LLC</u>	
Spud date: <u>9/29/14</u>	Geologist:
Date Completed:	Total Depth: <u>760'</u>

Gas Tests:

Core 707-71

Casing Record			Rig Time:
	Surface	Production	
Size Hole:	<u>11"</u>	<u>6 3/4"</u>	
Size Casing:	<u>8 5/8"</u>		
Weight:	<u>23#</u>		
Setting Depth:	<u>22.4'</u>		
Type Cement:	<u>Port</u>		
Sacks:	<u>4</u>	<u>MG</u>	

Well Log									
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	
Soil/day	0	5							
ling	5	9							
sand	9	13							
shale	13	19							
sand	13	28							
shale	28	227							
lime	227	235							
shale	235	247							
sandy shale	247	399							
sand	399	435							
shale	435	439							
sand	439	450							
shale	450	503							
lime	503	510							
shale	510	688							
lime	688	703							
shale	703	707							
oil sand	707	719							
sandstone	719	760 TD							