



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249005
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: _____



1249005

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, Acid, or Tools

Service Ticket

Ticket # PS 07

Date: 3/31/2015

CHARGE TO:

ADDRESS: 1690 155 th St

CITY FT Scott STATE Ks ZIP66711

LEASE & WELL Groves 7-32A-2

CONTRACTOR Running Foxes

KIND OF JOB: Long Sting

SEC.32 TWP.27 RNG. 22

DIR. TO LOC.:

Quantity	Material Used	Serv. Charge
125 Sx	Portland Cement	
22 Bbl Fresh Water		
1	2 7/8 Pump Down Plug	
5.87 Ton	BULK CHARGE	
30	BULK TRK. MILES	
30	PUMP TRK MILES	
2	WATER TRK HRS	
PLUGS		
SALES TAX		
TOTAL		

T.D. 677' CSG SET AT 662' VOLUME 3.83 Bbl
 SIZE HOLE 6.750" TBG SET AT VOLUME
 MAX PRESS. 500# PIPE SIZE 2 7/8
 Cement Wt. 14.9# PKER DEPTH
 PLUG USED TIME FINISHED

REMARKS: Broke Circulation Mix Cement Wash Up Pump Pump Down Plug Set Plug @ 500 # RDMO

EQUIPMENT USED
 NAME: UNIT NO.# NAME: UNIT #
 Robert Hixon Pump Truck Preston Spencer Water Truck
 Adam Miles Bulk Trucks

TunESCO Rep Signature

Owners Rep Signature

Tunesco Well Service

Operator:	Running Foxes Petroleum		Well Number:	Groves 7-32A-2			
Spud Date:	3/19/2015	Completion Date:	3/24/2015	Bit Size:	6 3/4"	Surface Size:	8 5/8" @20'
Depth	Lithology	Remarks	Casing Tally				
0-1	SOIL/CLAY		27.7				
1-20	LIMESTONE/CLAY		32.4				
20-26	LIMESTONE		31.55				
26-62	SHALE		32.55				
62-85	LIMESTONE		31.55				
85-91	SHALE		31				
91-93	LIMESTONE		32.75				
93-157	SHALE		31.3				
157-159	SHALY LIMESTONE		32.7				
159-205	LIMESTONE	PAWNEE	32.6				
205-215	SHALE		31.65				
215-217	LIMESTONE		30.9				
217-223	BLACK SHALE	ANNA	28.9				
223-263	SHALE		29.5				
263-280	LIMESTONE	FORT SCOTT (OIL ODOR AT 277')	32.65				
280-287	SHALE		33				
287-290	LIMESTONE	OSWEGO	30.65				
290-293	BLACK SHALE	EXCELLO	31.3				
293-300	SHALE		32.55				
300-320	SANDY SHALE	SQUIRREL (NO SHOW OR ODOR)	31.48				
320-403	SHALE		31.26				
403-405	LIMESTONE						
405-607	SHALE						
607-625	OIL SAND	Bartlesville (good show)					
625-626	COAL						
626-677	SHALE						
677(TD)	LIMESTONE	Mississippian					
		TD:677'					
			Total Longstring:		659.94		
		1 float shoe					
		3 centralizers					