



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250648
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: _____



1250648

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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DRILLERS LOG

Company: MARK MORRISON

Contractor: EK Energy LLC

License# 33977

Farm: KIMBERLIN

County: WILSON

Well No: K-26

Sec: 3 TWP: 27 Range: 16E

API: 15-205-28346-00-00

Location: 1996 FSL

Surface Pipe: 22.6'

Location: 3226 FEL

Spot: SW-NE-NE-SW

Thickness	Formation	Depth	Remarks
	SOIL & CLAY	2	Drilled 9 7/8 HOLE SET 7"
25	LIME	27	Drilled 5 7/8 HOLE
121	SHALE	148	
20	LIME	168	
38	SHALE	206	Started 3/17/2015
26	LIME	232	Finished 3/20/2015
78	SHALE	310	
204	LIME	514	
107	SHALE	621	T.D. Hole 961'
10	LIME	631	T.D. PIPE 949'
11	SHALE	642	
3	OIL SAND	645	
5	SAND	650	
60	SHALE	710	
30	LIME	740	
28	SHALE	768	
15	LIME	783	
7	SHALE	790	
3	LIME	793	
4	SHALE	797	
2	HARD SD	799	
30	SHALE	829	
17	SAND	846	
75	SHALE	921	
11	OIL SAND	932	
2	BLK SAND	934	
	COAL	934.5	
T.D	SHALE	961	

Building Materials
 Farm & Ranch Supplies
 Structural Steel Products
 Hardware & Paint

GLEAVER

FARM & HOME

A Division of Cleaver Farm Supply, Inc.
 2103 S. SANTA FE
 CHANUTE, KS 66720
 (620)431-6070

RETURN POLICY - within 30 days only -
 merchandise must be in saleable
 condition and accompanied by invoice.

No refunds on Special Order non-stock
 items

Account due 10th of month
 following purchase. 1 1/2%
 interest per month added for an
 annual percentage rate of 18%.

SOLD TO
 MARK MORRISON
 MORRISON CONSTR
 1651 50TH. RD.
 YATES CENTER, KS 66785-5141
 620-537-6675

SHIP TO
 MORRISON CONSTRUCTION
 1651 50TH RD

YATES CENTER, KS 66783



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE	
M1876		NET 10TH	1352350	03/16/15	JMP	912752	03/16/15	
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT		
8	0	8	EA	CCA WOOD FENCE POST 6" X 8' 68WFP	18.000	144.00*		
5	0	5	EA	CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ?	11.250	56.25*		
March 16, 2015 09:25:45 MIKE PETERS 0 / 1					MERCHANDISE	200.25		
***** * INVOICE * *****					SHIP VIA	FILLED BY	CHK'D BY	DRIVER
					OTHER	0.00		
10 PAGE 1 OF 1					TAX 8.400%	16.82		
					FREIGHT	0.00		
					TOTAL	217.07		

INVOICE

#K-26

802 N. Industrial Rd.
 P.O. Box 664
 Iola, Kansas 66749
 Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS

Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for Contractor must provide place for truck to wash out. A \$30 charge will be added per truck if contractor does not supply a place to wash truck out. Tow charges are buyers responsibility.

NOTICE TO OWNER

Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

MO009
 MARK MORRISON
 1651 50TH RD

Well #26

LEASE: KIMBERLAND WELL #K26

54 W TO YC S ON 75HWY TO 2400RD
 E 2.5 MI N SD

YATES CENTER KS 66783

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	% Air	PLANT/TRANSACTION #	
11:50 AM	WELL	12.00	12.00	TC 35		NE000	
DATE	PO NUMBER	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
3/20/15		1	12.00	6	0.00	4.00 in	38667

**WARNING
 IRRITATING TO THE SKIN AND EYES**

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$30 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks. Excess Delay Time Charged @ \$90/HR.

**PROPERTY DAMAGE RELEASE
 (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)**

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign the RELEASE relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

X

**Excessive Water is Detrimental to Concrete Performance
 H₂O Added By Request/Authorized By**

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
12.00	WELL	WELL (10 SACKS PER UNIT)	12.00	
2.00	TRUCKING	TRUCKING CHARGE	2.50	
12.00	MIX&HAUL	MIXING AND HAULING	12.00	

Mark
 \$780.00
 \$300.00
 \$120.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
<i>206</i>	<i>122</i>	<i>111</i>	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	
LEFT PLANT	ARRIVED JOB	START UNLOADING	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
<i>1206</i>	<i>1250</i>			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		

% TAX 7.15 \$ *85.00*
 ADDITIONAL CHARGE 1 _____
 ADDITIONAL CHARGE 2 _____
GRAND TOTAL ▶ *\$1285.00*

MARK MORRISON
1651 50th Road
Yates Center, KS 66783

WORK ORDER
KIMBERLIN LEASE

<u>DATE</u>	<u>WELL</u>	<u>DESCRIPTION</u>
3/17/2015	K-26	mixed 5 sacks of cement to cement surface
3/20/2015	K-26	established circulation; circulate 120 sacks of cement to surface pumped plug and set float shoe