

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1248493  
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: \_\_\_\_\_

1248493

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton 5
Doc ID	1248493

All Electric Logs Run

Composite
Phased Induction
Compensated Neutron
Micro



Company # 27654  
FASTRACK ENERGY LLC  
Cherryvale, KS

B. T. Lorenz  
KCC# 33286  
620-330-8443

508 21500 RD  
Cherryvale, KS  
67335

Lease: Compton                      API: 015-099-24697                      spud date 3/30/2015 20.00hr  
Well # 5                                  GPS: long                                  SURF Bit: 12.25"  
County: LB                                lat    set depth 20'  
Well TD: 840'                              SURF Dia. 8.685"  
Hole Dia: 6.75"                              sacks 5

Depth:	Material:	Formation:	Depth:	Mat:	Form:
0	7 dirt		680	705 sandy shale	
7	22 lime		705	765 shale	
22	95 shale		765	805 sandy shale	
95	110 sandy shale		805	810 lm/grey sh	
110	135 shale		810	815 lime	miss
135	165 lime		815	817 lime	sl od
165	173 shale		817	840 lime	oil sh
173	174 coal				
174	192 shale				
192	196 sandy shale				
196	206 shale				
206	222 sand	oil show			
222	233 sandy shale				
233	261 lime	Oswego			
261	266 shale				
266	282 lime				
282	285 blk shale				
285	290 lime				
290	300 shale				
300	310 sandy shale				
310	408 shale				
408	410 lime				
410	412 blk shale				
412	418 shale				
418	451 sandy shale				
451	452 coal				
452	542 shale				
542	544 blk shale				
544	577 shale				
577	595 sandy shale				
595	600 sand/ sl od				
600	620 sand/oil				
620	647 sand/ oil	soft			
647	648 coal				
648	657 sand	soft sugar			
657	660 shale				
660	661 coal				
661	680 shale				

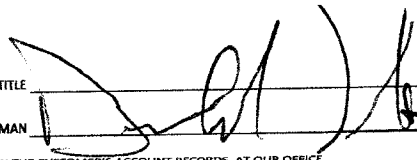
CEMENT FIELD TICKET AND TREATMENT REPORT

①

Customer	FAST TRACK	State, County	Labette, Kansas	Cement Type	CLASS A
Job Type	LS	Section		Excess (%)	
Customer Acct #		TWP		Density	14
Well No.	COMPTON 5	RGE		Water Required	7.3
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	90
Zip Code		Drill Pipe		Slurry Volume	28
Contact		Casing Size	4.5"	Displacement	14
Email		Hole Size	6.75"	Displacement PSI	750
Cell		Casing Depth	840	MIX PSI	400
Dispatch Location	BARTLESVILLE	Hole Depth		Rate	4.5
<b>Code</b>	<b>Cement Pump Charges and Mileage</b>	<b>Quantity</b>	<b>Unit</b>	<b>Price per Unit</b>	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	840	PER FOOT	\$0.23	\$ 193.20
5406	EQUIPMENT MILEAGE (ONE-WAY)	60	PER MILE	\$4.20	\$ 252.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				<b>EQUIPMENT TOTAL</b>	<b>\$ 2,113.20</b>
<b>Cement, Chemicals and Water</b>					
1126	W.C. CEMENT (CAL SEAL) 8%OWC, 2% CAL. CHLORIDE 2% GE	90	0	\$19.75	\$ 1,777.50
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1111	GRANULATED SALT (50#) SELL BY #	600	0	\$0.39	\$ 234.00
1111A	METASILICATE (GILLETTE & BARTLESVILLE)(50#)	50	0	\$2.10	\$ 105.00
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	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	8400	Per Gal	\$0.02	\$ 145.32
				<b>Chemical Total</b>	<b>\$ 2,666.82</b>
<b>Cement Water Transports</b>					
5501C	WATER TRANSPORT (CEMENT)	4	ATER TRANSPORT (CEME	\$120.00	\$ 480.00
5502C	80 BBL VACUUM TRUCK (CEMENT)	4	BL VACUUM TRUCK (CEM	\$100.00	\$ 400.00
0			0	\$0.00	\$ -
				<b>Transports Total</b>	<b>\$ 880.00</b>
<b>Cement Floating Equipment (TAXABLE)</b>					
<b>Cement Basket</b>					
0			0	\$0.00	\$ -
<b>Centralizer</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Float Shoe</b>					
0			0	\$0.00	\$ -
<b>Float Collars</b>					
0			0	\$0.00	\$ -
<b>Guide Shoes</b>					
0			0	\$0.00	\$ -
<b>Baffle and Flapper Plates</b>					
0			0	\$0.00	\$ -
<b>Packer Shoes</b>					
0			0	\$0.00	\$ -
<b>DV Tools</b>					
0			0	\$0.00	\$ -
<b>Ball Valves, Swedges, Clamps, Misc.</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Plugs and Ball Sealers</b>					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
<b>Downhole Tools</b>					
0			0	\$0.00	\$ -
				<b>CEMENT FLOATING EQUIPMENT TOTAL</b>	<b>\$ 47.25</b>
				<b>SUB TOTAL</b>	<b>\$ 5,707.27</b>
				<b>SALES TAX</b>	<b>\$ 200.84</b>
				<b>TOTAL</b>	<b>\$ 5,908.11</b>

<b>TRUCK#</b>	<b>DRIVER NAME</b>
674	DONNIE TATE
700 T133	CASEY
564	ELI
637	JOHN W
H20 EXPRESS	STEVE PO # 132183

AUTHORIZATION \_\_\_\_\_  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
FOREMAN 

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.

