

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249307
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: _____

1249307

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> _____	PRODUCTION INTERVAL: _____ _____
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Cement, Acid, or Tools

Service Ticket

Ticket # Ps-09

Date: 3/18/2015

CHARGE TO:

ADDRESS: 1690 155Th St CITY FT Scott STATE KS ZIP 66711

LEASE & WELI Groves 7-32D-3 CONTRACTOR Running Foxes

KIND OF JOB: Long String SEC. 32 TWP. 27 RNG. 22

DIR. TO LOC.: _____

Quantity	Material Used	Serv. Charge
100 Sx	Portland Cement	
25 Bbl	Fresh Water	
1	4.50 Rubber Pump Down Plug	
4.7 Ton	BULK CHARGE	
30	BULK TRK. MILES	
30	PUMP TRK MILES	
2.5	WATER TRK HRS	
	PLUGS	
		SALES TAX
		TOTAL

T.D. _____ CSG SET AT 708' VOLUME _____

SIZE HOLE 6.75 TBG SET AT _____ VOLUME _____

MAX PRESS. 500# PIPE SIZE 4.50"

PLUG DEPTH _____ PKER DEPTH 710'

PLUG USED _____ TIME FINISHED _____

REMARKS: Break Curculation Drop Ball Set Packer Start Mixing Cement Wash Pump
Pump Down Plug With 11.33 BBI Water

EQUIPMENT USED

NAME: _____ UNIT NO.# _____
Robert Hixon Pump Truck
Justin Harvey Water Truck

NAME: _____ UNIT # _____
Preston Spencer Bulk Truck

 Tunesco Rep Signature

 Owners Rep Signature

Tunesco Well Service

Operator:	Running Foxes Petroleum		Well Number:	Groves 7-32D-3		
Spud Date:	2/17/2015	Completion Date:	2/27/2015	Bit Size:	6 3/4"	Surface Size: 8 5/8" @20'
Depth	Lithology	Remarks	Casing Tally			
0-8	SOIL					
8-12	CLAY					
12-16	SANDSTONE					
16-20	SOFT SAND					
20-35	SOFT SAND					
35-40	SANDY SHALE					
40-61	SHALE					
61-74	LIMESTONE					
74-77	BLACK SHALE					
77-78	GREEN SHALE					
78-83	LIMESTONE					
83-147	SHALE					
147-151	LIMESTONE	PAWNEE				
151-152	COAL					
152-155	SHALE					
155-183	LIMESTONE					
183-193	LIME/SAND					
193-249	SHALE					
249-266	LIMESTONE	FORT SCOTT				
266-274	SHALE					
274-279	LIMESTONE					
279-375	SHALE					
375-377	COAL					
377-392	SHALE					
392-395	LIMESTONE	ARDMORE				
395-430	SHALE					
430-460	SANDY SHALE	no show or odor				
460-474	LAMINATED SAND					
474-480	TEBO					
480-591	SHALE					
591-610	SHALY SAND	BARTLESVILLE (POOR SHOW)				
610-611	COAL	Total Longstring:			N/A	
611-636	SHALE	Ran 4 1/2" casing with pulling unit for WSW				
636-638	LIMESTONE	Open hole at top of Mississippian				
638-677	SHALE					
677-685	COAL					
685-801	LIMESTONE					
	Cored:591'-610'	poor spotty bleed in laminated sand				

