

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250280
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
-----------------------------------	-----------------	---

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: _____

1250280

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton 7
Doc ID	1250280

All Electric Logs Run

Composite
Compensated Neutron
Phased Induction
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:	015-099-24699	spud date	4/14/2015	1700
Well #	7	GPS:	long	SURF Bit:	12.25"	
County:	LB		lat	set depth	20'	
Well TD:	864			SURF Dia.	8.685"	
Hole Dia:	6.75"			sacks		5

Depth:	Material:	Formation:	Depth:	Mat:	Form:
0	7 dirt		467	494 shale	
7	14 lime		494	495 lime	
14	16 blk shale		495	496 coal	
16	23 lime		496	501 shale	
23	26 shale		501	510 sandy shale	
26	41 lime		510	518 sand	odor
41	45 shale		518	615 sandy shale	
45	48 sand		615	647 shale	
48	50 blk shale		647	672 sandy shale	
50	85 sandy shale		672	678 sand	
85	88 sand		678	816 sandy shale	
88	100 sandy shale	oil show	816	817 coal	
100	150 shale		817	820 shale	
150	181 lime		820	828 lime	miss/oil
181	183 shale		828	7/8*9+-	
183	184 coal				
184	218 shale				
218	223 sandy shale	odor			
223	240 sand	oil show			
240	247 sandy shale				
247	273 lime	oswego			
273	277 blk shale				
277	295 lime				
295	297 shale				
297	298 coal				
298	300 shale				
300	303 lime				
303	312 sand				
312	391 shale				
391	401 sand	odor			
401	412 sandy shale				
412	417 sand				
417	422 sandy shale				
422	425 lime				
425	437 shale				
437	438 coal				
438	466 shale				
466	467 coal				

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Fast Track LLC	State, County	Labette, Kansas	Cement Type	CLASS A	
Job Type	Long String	Section	28	Excess (%)	30	
Customer Acct #		TWP	33	Density	14	
Well No.	Compton #7	RGE	19	Water Required	7.94	
Mailing Address		Formation		Yield	1.74	
City & State		Tubing		Sacks of Cement	100	
Zip Code		Drill Pipe		Slurry Volume	30.9 bbl	
Contact		Casing Size	4 1/2" 10.5#	Displacement	13.7	
Email		Hole Size	6 3/4"	Displacement PSI	200 - 500	
Cell		Casing Depth	861'	MIX PSI	200	
Dispatch Location	BARTLESVILLE	Hole Depth		Rate	4 bpm	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit		
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00	
5402	FOOTAGE	816	PER FOOT	\$0.23	\$ 187.68	
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	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
EQUIPMENT TOTAL					\$ 1,855.68	
Cement, Chemicals and Water						
1126	WC. CEMENT (CAL SEAL) 8%OWC. 2% CAL. CHLORIDE 2% GE	100	0	\$19.75	\$ 1,975.00	
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00	
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00	
1110A	KOL SEAL (50 # SK)	600	0	\$0.46	\$ 276.00	
1102	CALCIUM CHLORIDE	50	0	\$0.78	\$ 39.00	
1111	GRANULATED SALT (50#) SELL BY #	650	0	\$0.39	\$ 253.50	
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	\$ -	
1123	CITY WATER (PER 1000 GAL)	5400	Per Gal	\$0.02	\$ 93.42	
Chemical Total					\$ 2,839.92	
Cement Water Transports						
5501C	WATER TRANSPORT (CEMENT)	4	ATER TRANSPORT (CEME	\$120.00	\$ 480.00	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
Transports Total					\$ 480.00	
Cement Floating Equipment (TAXABLE)						
Cement Basket						
0			0	\$0.00	\$ -	
Centralizer						
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
Float Shoe						
0			0	\$0.00	\$ -	
Float Collars						
0			0	\$0.00	\$ -	
Guide Shoes						
0			0	\$0.00	\$ -	
Baffle and Flapper Plates						
0			0	\$0.00	\$ -	
Packer Shoes						
0			0	\$0.00	\$ -	
DV Tools						
0			0	\$0.00	\$ -	
Ball Valve, Swedges, Clamps, Misc.						
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
Plugs and Ball Sealers						
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25	
Downhole Tools						
0			0	\$0.00	\$ -	
CEMENT FLOATING EQUIPMENT TOTAL					\$ 47.25	
				0	SUB TOTAL	\$ 5,222.85
				7.40%	SALES TAX	\$ 213.66
					TOTAL	\$ 5,436.50
DRIVER NAME						
577	Kirk Sanders					
419	Bryan Scullaw					
579	Seth Veith					
421 T64	John Wade					

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *Kirk Sanders*

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.

