



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1253147
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: _____



1253147

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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Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
4/27/2015	2215

Bill To	
Kelley Edgar Oil & Gas Operation PO Box 444 Wellington, KS 67152	
Customer ID#	1155

Job Date	4/25/2015
Lease Information	
Weber A	
County	Sumner
Foreman	SM

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C103	Cement Pump-Plug (new well)	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	75	3.95	296.25
C203	Pozmix Cement 60/40	80	12.75	1,020.00T
C206	Gel Bentonite	250	0.20	50.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$2,761.25
Sales Tax (6.65%)	\$71.16
Total	\$2,832.41
Payments/Credits	\$0.00
Balance Due	\$2,832.41

E 7TH
 Box 92
 KA, KS 67045
 (20) 583-5561



Cement or Acid Field Report
 Ticket No. **2215**
 Foreman Steve Mead
 Camp Eurokals

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-25-13	1155	Weber "A"	19	32S	1E	Sumner	KS
Customer			Unit #	Driver		Unit #	Driver
Kelley Edger Oil & Gas Operation			104	Alan M			
Mailing Address			112	Kevin M.			
P.O. Box 444							
City		State	Zip Code				
Wellington		KS	67152				

Job Type P/A New Well Hole Depth 4075' Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size 7 3/4 Slurry Wt. _____ Drill Pipe 4 1/2 B
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Plug well As Follow:
35 SKS AT 360'
25 SKS AT 60% SURFACE
20 SKS Bat hole
75 SKS TOTAL 60/40 P&M 4% Gel
Job Complete Rig Down
Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C103	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	296.25
C203	80 SK	60/40 P&M Cement	12.75	1020.00
C206	250 ^{ll}	4% Gel	.20	50.00
C108A	323 Ton	Ton mileage bulk Truck	N/C	345.00
			Subtotal	2761.25
			Sales Tax	71.16
			6.63%	

Authorization Called by Dennis Title Toolpusher Total 2832.41

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
4/6/2015	2069

Bill To	
Kelley Edgar Oil & Gas Operation PO Box 444 Wellington, KS 67152	
Customer ID#	1155

Job Date	4/4/2015
Lease Information	
Weber "A"	
County	Summer
Foreman	SF

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C101	Cement Pump-Surface	1	840.00	840.00
C107	Pump Truck Mileage (one way)	75	3.95	296.25
C200	Class A Cement-94# sack	175	15.00	2,625.00T
C205	Calcium Chloride	500	0.60	300.00T
C206	Gel Bentonite	330	0.20	66.00T
C209	Flo-Seal	50	2.25	112.50T
C108B	Ton Mileage-per mile (one way)	617.25	1.35	833.29

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$5,073.04
Sales Tax (6.65%)	\$206.38
Total	\$5,279.42
Payments/Credits	\$0.00
Balance Due	\$5,279.42

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **2069**
 Foreman Shannon
 Camp ...

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11/15/11	1150	111111	17	202	1	...	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
P. ...			1	111	...		
Mailing Address							
City			State	Zip Code			
...			KS	67047			

Job Type _____ Hole Depth 25' Slurry Vol. 40 bbl Tubing _____
 Casing Depth 25' Hole Size 2 1/2" Slurry Wt. 15.4 Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 17.5 gal Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: ... 25' ... back ...
... class A cement ...
... 2 1/2" ...
... 40 bbl slurry to pit

Note: Submer pipe collar did not get ...

Code	Qty or Units	Description of Product or Services	Unit Price	Total
001	1	Pump Charge	840.00	840.00
010	75	Mileage	3.75	281.25
020	175.50	class A cement	15.00	2632.50
030	200.00	water	1.00	200.00
040	2.00	...	1.00	2.00
050	1.00	...	11.50	11.50
060	2.00	...	135	270.00
<u>Thank You</u> <u>Shannon & crew</u>				
			<u>Sub Total</u>	<u>3726.25</u>
			Sales Tax	<u>16.26</u>
Authorization <u>Witnessed by Drumm</u> Title <u>Test Partner Berente</u>			Total	<u>3742.51</u>

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.