

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1252186
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: _____

1252186

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



Cement or Acid Field Report
 Ticket No. **2210**
 Foreman Steve Mead
 Camp Eureka KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-7-15	1034	W & G #1	19	19S	6E	Chase	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Range Oil Company Inc				104	Aian m		
Mailing Address				110	Shannon F.		
P.O. Box 781775							
City	State	Zip Code					
Wichita	KS	67278					

Job Type Surface Hole Depth 217 Slurry Vol. _____ Tubing _____
 Casing Depth 210' GL Hole Size 12 1/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 8 5/8 23' Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 12 3/4 bbls Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ fresh water. Mix 180 sks Class A cement. Shutdown release plug. Displace w/ 12 3/4 bbl fresh water. Shut well in. Good cement returns to surface. 12 bbl to pit.
Job complete Rig down

Basket At 46'

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	50	Mileage	3.95	197.50
C200	180sks	Class A Cement	15.00	2700.00
C205	510#	CaCl2 3%	.60	306.00
C209	50#	1/4" F10 seal paste	2.25	112.50
C108A	846 Ton	Tan mileage Bulk Truck	1.35	571.05
C413	1	8 5/8 Wooden Plug	80.00	80.00
C506	2	8 3/4 Centralizer	65.00	130.00
C606	1	8 5/8 Basket	308.00	308.00
			Sub Total	5245.05
			7.15% Sales Tax	260.01

Authorization [Signature] Title _____ Total 5505.06

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.

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



Cement or Acid Field Report
 Ticket No. **2212**
 Foreman STAUENBERG
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-10-15	1034	W & G #1	19	19S	6E	Chase	Ks
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Range Oil Company Inc.				102	Chris B		
Mailing Address				113	Alan M		
P.O. Box 281775							
City	State	Zip Code					
Wichita	Ks	67278					

Job Type PTA New well Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe 4" 260'
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting. Big up to 4" Drill pipe. Break circulation w/ fresh water. Plug well as follows
35 sks AT 260'
25 sks AT 60' To surface
20 sks in Reithole
5 sks Total 60/40 pot mix cement 4% Gal
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	50	Mileage	3.95	197.50
C203	80 sks	60/40 pot mix cement	12.75	1020.00
C206	275 #	Gal 4%	.20	55.00
C108A	3.44 hrs	Ton mileage bulk truck	NYS	345.00
			Subtotal	2667.50
			7.15% Sales Tax	76.86

Authorization Witness By Cotton Gulick Title Tool Pusher Total 2744.36

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.

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: Range Oil Co., Inc.	ELEVATIONS
LEASE: W 49 #1	KB: 1436'
FIELD: 330' N 1/2 E 210' E 1/4, NW 1/4	DF: 1930'
LOCATION: 19 T 23 S R 10 E 6 E	MEASUREMENTS ARE ALL FROM: KB
SEC: 19	CONTRACTOR: CAG Drilling - Rig #1
COUNTY: Chase	STATE: KS
SPID: 4-6-15	COHP: 9-11-15
RTD: 2248'	LTD: NA
WLD: 1500'	TYPE: WLD Chem
	ELECTRICAL SURVEYS: None

SAMPLES SAVED FROM: 1500'	TO: RTD
DRILLING TIME KEPT FROM: 1500	TO: RTD
SAMPLES EXAMINED FROM: 1500	TO: RTD
GEOLOGICAL SUPERVISION FROM: 1500	TO: RTD
GEOLOGIST ON WELL: Ken Wallace	
FORMATION TOPS	LOG

Lansing	1574 (-138)	
B/KC	1916 (-180)	
Cherokee	2084 (-648)	
Corn/SD	2198 (-512)	
Viola	2242 (-312)	
Simpson	2248 (-812)	
ATD		

REMARKS

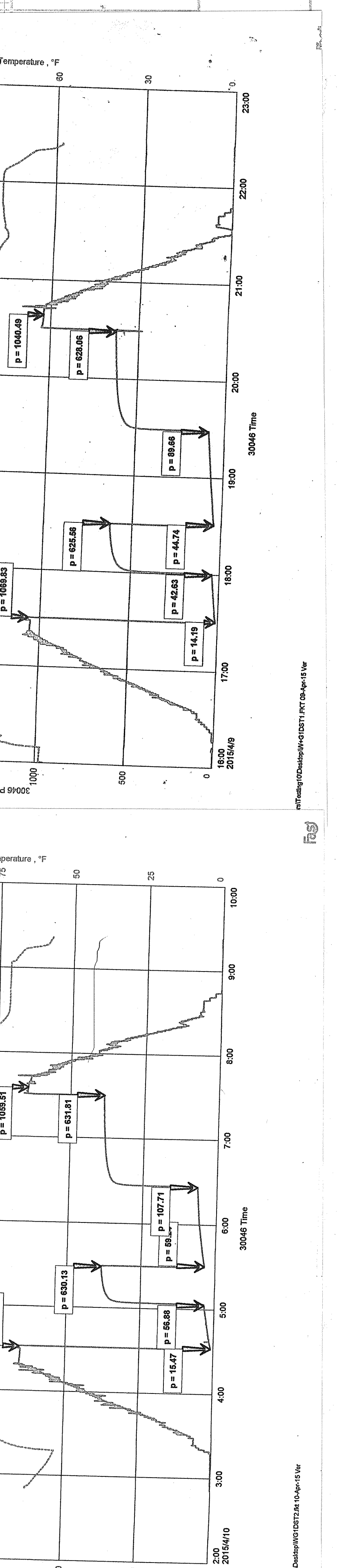
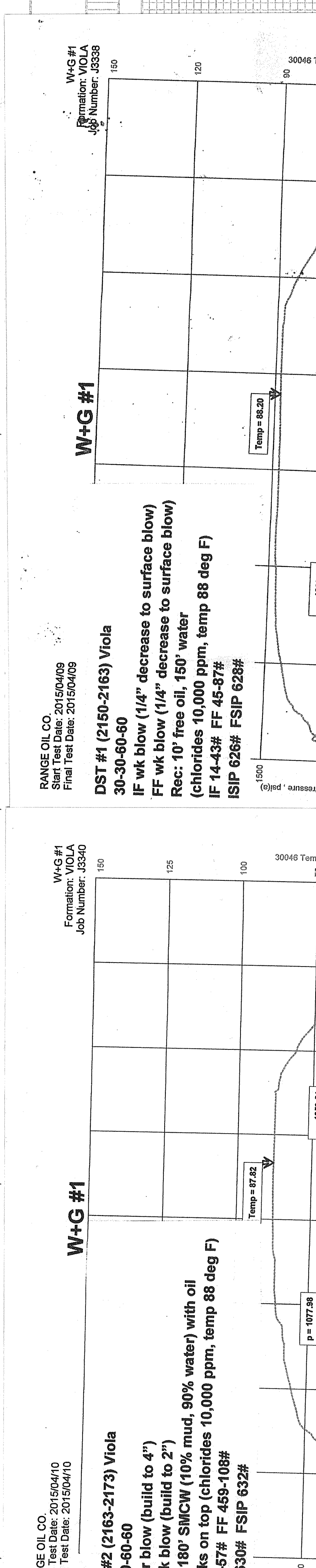
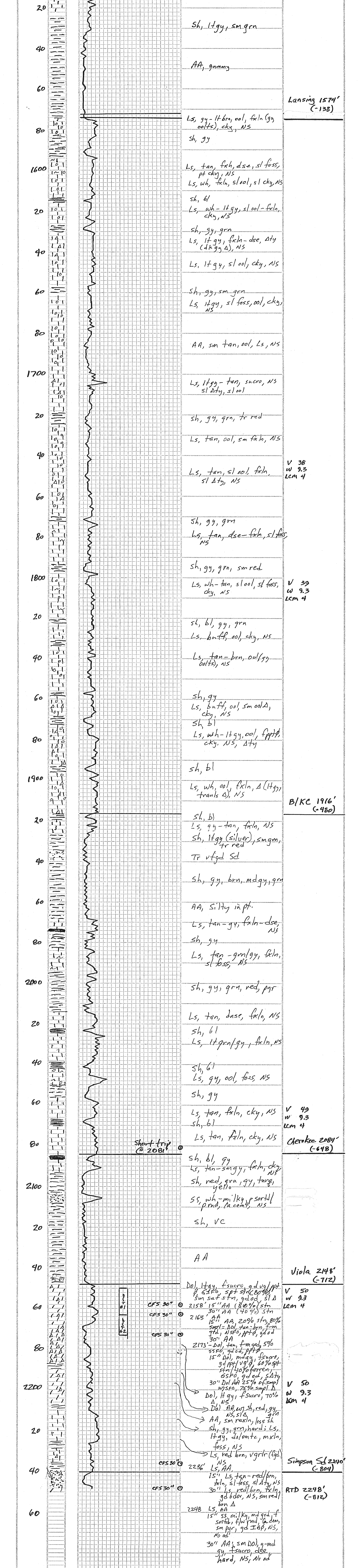
Test well was plugged & abandoned.

9-4-15 MERT
 9-6-15 10am Spud surface hole
 9-7-15 8am RTD 217' W.C., set 8 3/8" @ 216', lost
 circ white drlg @ 45', 1/2" @ 217'
 9-8-15 8am Drlg @ 1649', bit-trip @ 1423',
 1/4" @ 1023', 1/2" @ 1423'
 9-9-15 8am RTD 2081', make short trip
 9-10-15 9am RTD 2173', finished LST #2, 1/2" @ 2163'
 9-11-15 7am RTD 2248', D # A

LEGEND

	Anhydrite		Salt		Sandstone		Shale		Carb sh		Limestone		Col. Lime		Chert		Dolomite
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SCALE " = 100'



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