



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255132
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: _____



1255132

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)*

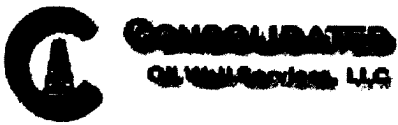
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 803327

Invoice Date: 01/31/15 Terms: Net 30 Page 1

Kansas MB Project, LLC
 P.O. Box 27864
 San Diego CA 92198
 USA
 760-212-0606

NELLIE MOORE 2-B

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	40.000	4.2000	0.000	168.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
1126	Oil Well Cement	75.000	19.7500	30.000	1,036.88
1107A	Phenoseal	40.000	1.3500	30.000	37.80
1110A	Kol Seal (50# BAG)	450.000	0.4600	30.000	144.90
1111	Sodium Chloride (Granulated Salt)	750.000	0.3900	30.000	204.75
1123	City Water	2.000	17.3000	0.000	34.60
5502C	80 Vacuum Truck Cement	3.000	90.0000	0.000	270.00
5501C	Water Transport Cement	3.000	120.0000	0.000	360.00

Subtotal 4,320.35
 Discounted Amount 610.43
 SubTotal After Discount 3,709.92

Amount Due 4,447.62 If paid after 03/02/15

Tax: 89.72
 Total: 3,799.65

1/30/2015

JM 2029
FT 1972

6400000130

CEMENT FIELD TICKET AND TREATMENT REPORT

ERS OPERATING CO. LLC		Montgomery, Kansas		CLASS A
BOTTOM PLUG				30
5 7/8				14
NELLE MOORE 2-B				1.74
		2 7/8		75
				23.2
		4 1/2 INCH, 1-55 (30.5 LBS)		4.25
		6 3/4		
		1140		
		1686		

5401	CEMENT PUMP (2 HOUR MAX)	1	3 HRS MAX	\$1,085.00	\$ 1,085.00
5408	EQUIPMENT USAGE (ONE-WAY)	40	PER MILE	\$4.20	\$ 168.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
				EQUIPMENT TOTAL	\$ 1,621.00

3077

Cement, Chemicals and Water					
1126	W.C. CEMENT (CAL SEAL) (GROWC, 2% CAL. CHLORIDE 2% GE)	75	0	\$19.75	\$ 1,481.25
0				\$0.00	\$ -
1107A	PHENOSAL	40	0	\$1.35	\$ 54.00
1110A	NOL SEAL (80 # SLO)	450	0	\$0.46	\$ 207.00
1111	GRANULATED SALT (80# BELL BY 2)	750	0	\$0.39	\$ 292.50
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	2000	Per Gal	\$0.02	\$ 34.00
				Chemical Total	1450.92

Cement Water Transport					
8502C	80 BBL VACUUM TRUCK (CEMENT)	3	BL VACUUM TRUCK (CEM)	\$80.00	\$ 270.00
3501C	WATER TRANSPORT (CEMENT)	3	ATER TRANSPORT (CEME)	\$120.00	\$ 360.00
0				\$0.00	\$ -
				Transport Total	\$ 630.00

Cement Extras					
0	Contributor		0	\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0	Float Shoes		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Balls and Flapper Plates		0	\$0.00	\$ -
0	Pecker Shoes		0	\$0.00	\$ -
0	OV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedeco, Clamps, Misc.		0	\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0	Plugs and Ball Sealers		0	\$0.00	\$ -
0	Downhole Tools		0	\$0.00	\$ -
0				\$0.00	\$ -

DRIVER NAME		CEMENT FLOATING EQUIPMENT TOTAL	
640	Jeremy Alumba	0	\$ 3799.93
445	Jeremy McDonald	6.15%	SALES TAX
637	Ronan Cochro		TOTAL
111	Ronan Cochro	0%	(-DISCOUNT)
413/7125	JAMES SCHNER 2019		DISCOUNTED TOTAL \$ 3799.65

AUTHORIZATION: [Signature] DATE: _____
 TITLE: [Signature]
 FOREMAN: [Signature]

I ACKNOWLEDGE THAT THE PRINTED TERMS, UNLESS SPECIFICALLY INDICATED BY 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.

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	ERS Operating Co. LLC	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long string	Section		Excess (%)	30%
Customer Acct #	4545	TWP		Density	14
Well No.	Nellie Moore 2-B	RGE		Water Required	709
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	120
Zip Code		Drill Pipe		Slurry Volume	37.1
Contact		Casing Size	4.5 10.5#	Displacement	18.2
Email		Hole Size	6 3/4	Displacement PSI	300
Cell		Casing Depth	1149	MIX PSI	200
Dispatch Location	EUREKA	Hole Depth		Rate	3.5
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
5406	EQUIPMENT MILEAGE (ONE-WAY)	40	PER MILE	\$4.20	\$ 168.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
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	\$ -
EQUIPMENT TOTAL					\$ 1,621.00
Cement, Chemicals and Water					
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CLORIDE 2% GE	120	0	\$19.75	\$ 2,370.00
1118B	PREMIUM GEL/BENTONITE (50#)	400	0	\$0.22	\$ 88.00
1107A	PHENOSEAL	120	0	\$1.35	\$ 162.00
1110A	KOL SEAL (50 # SK)	750	0	\$0.46	\$ 345.00
1111	GRANULATED SALT (50#) SELL BY #	800	0	\$0.39	\$ 312.00
1105	COTTONSEED HULLS (45#)	90	0	\$0.46	\$ 41.40
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ (995.52)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	5.4	0	\$17.30	\$ 93.42
CHEMICAL TOTAL					\$ 2,416.30
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	4	WATER TRANSPORT (CEME	\$120.00	\$ 480.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT 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 Valves, 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
				SUB TOTAL	\$ 4,564.55
				8.15% SALES TAX	\$ 281.91
				TOTAL	\$ 4,846.46
				0% (-DISCOUNT)	\$ -
DISCOUNTED TOTAL					\$ 4,846.46
TRUCK#	DRIVER NAME				
890	John Wade				
445	Jeremy McDonald				
611	Jeff				
452/103	Brent Mellen				

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *[Signature]*

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.

Operator
Specialist
Oil and Gas Wells

ERS OPERATING COMPANY

Well No. 2-B

Lease NELLIE MOORE

County CHAUTAUQUA KS

Type/Well

Depth 1665'

Hours

Date Started 12-24-14

Date Completed 1-29-14

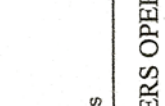
Sec. 33 Twp. 33 Rge. 13E

Loc. Caney, KS 67333

P.O. Box 59

M.O.K.A.T. DRILLING

Office Phone: (620) 879-5377



Job No.	Casing Used	43' & 5/8"	Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
	Cement Used	8			6 3/4"								
Driller	Rig No.												
Driller	Hammer No.												

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	43	SURFACE	1122	1175	SANDY SHALE			
43	80	SANDY SHALE	1175	1186	SHALE			
80	203	SHALE	1186	1218	LIME (OIL ODOR)			
203	208	LIME	1218	1226	BLK SHALE			
208	216	SANDY LIME	1226	1246	LIME			
216	227	SHALE	1246	1254	BLK SHALE			
227	230	LIME	1254	1264	LIME			
230	235	SHALE	1264	1274	SHALE			
235	279	SY SHALE	1274	1279	LIME			
279	282	LIME	1279	1282	SAND			
282	330	SHALE	1282	1613	SHALE			
330	420	SANDY SHALE	1613	1630	LIMEY CHAT (MISS)			
420	432	SAND SANDY SHALE	1630	1665	LIME			
432	515	SAND						
515	530	SHALE			T.D 1665'			
530	610	SANDY SHALE						
610	615	SHALE						
615	640	SAND						
640	675	SHALE						
675	682	LIME						
682	722	SAND (OIL ODOR)						
722	865	SHALE						
865	878	LIMEY SHALE						
878	896	LIME						
896	942	SHALE						
942	974	LIME						
974	980	SHALE						
980	990	SAND						
990	1089	SHALE						
1089	1114	LIME (OIL ODOR)						
1114	1122	SHALE						