

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255885
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: _____

1255885

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
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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. <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. 2066
 Foreman Shannon Feck
 Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-27-15	1150	Leo #1	12	33S	5E	Cowley	KS
Customer		Safety Meeting		Unit #	Driver	Unit #	Driver
Kebtail investments		SF		105	Dave G		
Mailing Address		DG		113	Kevin m		
P.O. Box 120		KM					
City	State	Zip Code					
Wheatland	OK	73097					

Job Type Surface Hole Depth 360' Slurry Vol. 50 Bbl Tubing _____
 Casing Depth 336.72 G.L. Hole Size 12 1/4" Slurry Wt. 15# Drill Pipe _____
 Casing Size & Wt. 8 5/8" 24# Cement Left in Casing 15-20' Water Gal/SK 6.40 Other _____
 Displacement 21 Bbl Displacement PSI _____ Bump Plug to _____ BPM displace @ 5 BPM

Remarks: Safety meeting, Rig up to 8 5/8 casing, Break circulation w/ 8 Bbl H2O, mixed 210 SKS Class "A" cement w/ 3% calcium, 2% gel & 1/4# Flo-seal/sk @ 15#/gal. Shut down Launch plug & displace w/ 21 Bbl H2O, & shut casing in. Good circulation w/ 8-9 Bbl slurry to pit. rig down job complete.

"Thanks Shannon"
 & crew

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	70	Mileage	3.95	276.50
C200	210 SKS	Class "A" Cement	15.00	3150.00
C205	600 #	Calcium @ 3%	.60	360.00
C206	395 #	Gel @ 2%	.20	79.00
C209	53 #	Flo-seal @ 1/4#/SK	2.25	119.25
C108B	9.31 Ton	Ton mileage bulk Trk	1.35	932.78
C116	24 #	(Had steel pits) Sugar	.60	14.40
C413	1	8 5/8 wooden plug	80.00	80.00
			Sub Total	5851.87
			6.40% Sales Tax	243.37
Authorization <u>[Signature]</u> Title _____			Total	6095.24

590 < 304.17 >
 \$5790.47

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. **2203**
 Foreman KEVIN McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
3-31-15	1150	Leo #1				Cowley	Ks	
Customer <u>RedTAIL Investments</u>			Safety Meeting KM DG CB SF		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 120</u>					105	Dave G.		
City <u>Wheatland</u>			State <u>OK</u>		113	CHRIS B		
Zip Code <u>73097</u>					145	SHANNON F		

Job Type Longstring Hole Depth 3510' Slurry Vol. 58 BBL Tubing _____
 Casing Depth 3518' KB Hole Size 7 7/8 Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 5 1/2 17 # Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 83.5 BBL Displacement PSI 1300 Bump Plug to 1800 PSI BPM _____

Remarks: Safety Meeting: Rig up to 5 1/2 casing. Break Circulation w/ 5 BBL Fresh water, Pump 12 BBL Metasilicate Pre Flush 5 BBL water spacer. Mixed 175 SKS THICK Set Cement w/ 5# KOL-SEAL SK 1# PhenoSeal /SK @ 13.7#/GAL yield 1.85 = 58 BBL Slurry = 325 FT³. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 83.5 BBL Fresh water. Final Pumping Pressure 1300 PSI. Bump Plug to 1800 PSI. Wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation while Cementing. Job Complete. Rig down.

CENTRALIZERS ON #1, 2, 5, 6, 9, 11, 13, 16

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	70	Mileage	3.95	276.50
C 201	175 SKS	THICK Set Cement	19.50	3412.50
C 207	875 #	KOL-SEAL 5#/SK	.45 #	393.75
C 208	175 #	PhenoSeal 1#/SK	1.25 #	218.75
C 216	100 #	Sodium Metasilicate Pre Flush w/ 12 BBL water	2.00 #	200.00
C 108 B	9.62 TONS	Ton Mileage 70 miles	1.35	909.09
C 113	6 HRS	80 BBL VAC TRUCK	85.00	510.00
C 224	3300 GALS	City water	10.00 / 1000	33.00
C 691	1	5 1/2 Guide Shoe	167.00	167.00
C 674	1	5 1/2 AFU FLOAT COLLAR	342.00	342.00
C 504	8	5 1/2 x 7 7/8 CENTRALIZERS	48.00	384.00
C 421	1	5 1/2 Latch down Plug	230.00	230.00
			Sub Total	8126.59
			Sales Tax	344.38
			Total	8470.97

590(423.55)
 \$8047.42

THANK YOU
 [Signature]
 Authorization _____ Title _____

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.