



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259191
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: _____



1259191

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
--	---

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
----------------	-------	---------	------------	---

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: _____ _____
--	--	---

1:30P



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

4029

3946

INVOICE #805311

TICKET NUMBER 49490
LOCATION Oakley KS
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
8-26-15	2626	G+I H:14 2-11	11	35	42W	KS Cheyenne																
CUSTOMER <u>Excell Drilling Services</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>753</td> <td>Michael</td> <td></td> <td></td> </tr> <tr> <td>566</td> <td>Keith</td> <td></td> <td></td> </tr> <tr> <td>714</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	753	Michael			566	Keith			714			
TRUCK #	DRIVER	TRUCK #	DRIVER																			
753	Michael																					
566	Keith																					
714																						
MAILING ADDRESS			<table border="1"> <thead> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				CITY	STATE	ZIP CODE													
CITY	STATE	ZIP CODE																				

JOB TYPE Surface HOLE SIZE 9 7/8 HOLE DEPTH 358 CASING SIZE & WEIGHT 7" 17#
 CASING DEPTH 352 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk 6.5 CEMENT LEFT in CASING 40'
 DISPLACEMENT 1366l DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting entry upon Excell rig 2 break circulation with 100 mix 150 SKS com class A cement with 8% CC 2% gel wash up + displace with 1366l fresh water & shut in. circulated 10 bbl top it

Cement did circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE		
CE 0002	60	MILEAGE		
CE 0710	7.05	for mileage delivery		
CC 5871	150 SKS	surface blend		
CC 5325	423 #	Calican chloride		
CC 5965	282 #	gel		
CP 8555	1	7" centralizer		

Revin 3737

AUTHORIZATION [Signature]

TITLE Push

I acknowledge that the payment terms, unless specifically amended in writing on the front account records, at our office, and conditions of service on the back of this form are in effect.



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

4039
3955

1. NET NUMBER 49527

LOCATION Dakota

FOREMAN Cory Davis

Kelly G

INVOICE # 205516
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-27-15	2626	G+I H:H 2-11	11	35	42 W	Chayenna

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Excell Drilling	753	Michael R.	Int	
	566	Lance R.		
	640			

CITY	STATE	ZIP CODE

JOB TYPE long string HOLE SIZE 6 1/4" HOLE DEPTH 1696 CASING SIZE & WEIGHT 4 1/2 11.6
 CASING DEPTH 1683 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL. 1.18 WATER gal/sk _____ CEMENT LEFT in CASING 36'
 DISPLACEMENT 25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting sig upon excell 2-min 100 gals 50/50 po2 mix stop wash up
Pump & lines release plug Displace 25 BBL land plug at 1000 psi lift 500

Thanks Cory D. & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE		
CE0002	60	MILEAGE		
CE011	4.7	Ton miles minimum		
CC5840	100 gals	50/50		
CP8484	1	AFU float shoe		
CP8253	1	Latchdown Plug		
CP8553	8	Centralizers		
CC5301	2	KCL		
		as for Bid		

Revin 3737

AUTHORIZATION [Signature] TITLE Push

I acknowledge that the payment terms, unless specifically amended in writing on the front of account records, at our office, and conditions of service on the back of this form are in effect