



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259719
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: _____



1259719

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BOP West, LLC
Well Name	Frederick 4-1
Doc ID	1259719

All Electric Logs Run

Compensated Neutron-Density
Dual Induction
Micro Resistivity
Sonic Cement Bond Log

Form	ACO1 - Well Completion
Operator	BOP West, LLC
Well Name	Frederick 4-1
Doc ID	1259719

Tops

Name	Top	Datum
Heebner	969	+164
Lansing	1078	+55
BKC	1399	-266
Mississippi	2270	-1137
Kinderhook	2374	-1241
Hunton	2615	-1482
Maquoketa	3270	-2137
Viola	3319	-2186

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



Cement or Acid Field Report
 Ticket No. 2253
 Foreman Shannon Feck
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-5-15	1024	Frederick # 4-1	4	15	15E	Brown	KS
Customer <u>Bop West LLC</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 129</u>			<u>SF</u>	<u>105</u>			
City <u>Wooster</u>			<u>OB</u>	<u>114</u>			
State <u>OH</u>			<u>CB</u>				
Zip Code <u>44691</u>							

Job Type Surface Hole Depth 263' Slurry Vol. 31 Bbl Tubing _____
 Casing Depth 255' KB Hole Size 12 1/4" Slurry Wt. 14.5-15 # Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 15-20' Water Gal/SK 6.40 Other _____
 Displacement 15.5 Bbl Displacement PSI _____ Bump Plug to _____ BPM Displace @ 5BPM

Remarks: Safety meeting, rig up to 8 5/8 casing, Break circulation w/ 5 Bbl H2O & mixed 135 SKS Class "A" cement w/ 3% calcium, 2% gel & 1/4 # Floseal/SK @ 14.5-15 #/gal. Displace w/ 15.5 Bbl H2O & shut casing in. Good circulation @ all times 7 Bbl Slurry to pit. Job complete, rig down.

" Thank you "
 Shannon & crew

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	130	Mileage	3.95	513.50
C200	135 SKS	Class "A" cement	15.00	2025.00
C205	380 #	Calcium @ 3%	.60	228.00
C206	255 #	Gel @ 2%	.20	51.00
C209	34 #	Floseal @ 1/4 #/SK	2.25	76.50
C108B	6.34 Ton	Ton mileage bulk Trk	1.35	1112.67
<u>w/ 5% Discount TOTAL = 4777.35</u>				
			Sub Total	4846.67
			7.65% Sales Tax	182.11
Authorization <u>Witnessed By Duke Coulter Title C & G Dring. Co.</u>			Total	5028.78

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. **2274**
Foreman Rick Ledford
Camp Eureka KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-11-15	1024	Frederick # 4-1	4	15	15E	Brown	Ks
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
ROP West LLC	P.O. Box 129	Nooster	OH	44691	RL DB SM SF	105	Dave G.
						110	Steve M.
						141	Shannon F.

Job Type <u>L/S</u>	Hole Depth <u>3410'</u>	Slurry Vol. <u>49 bbl</u>	Tubing _____
Casing Depth <u>3393 KB</u>	Hole Size <u>7 7/8"</u>	Slurry Wt. <u>13.8#</u>	Drill Pipe _____
Casing Size & Wt. <u>5 1/2" 15.50"</u>	Cement Left in Casing <u>10.45 ss</u>	Water Gal/SK <u>9.0</u>	Other _____
Displacement <u>83 1/2 bbls</u>	Displacement PSI <u>700</u>	Bump Plug to <u>1200</u>	BPM _____

Remarks: Safety meeting - Rig up to 5 1/2" casing. Break circulation w/ 10 bbl water. Mixed 150 sbs thickset cement w/ 5" Kol-seal/sk + 2" phenoseal/sk @ 13.8#/gal. Washout pump + lines, release latch down plug. Displace w/ 83 1/2 bbls fresh water. Final pump pressure 700 PSI. Bump plug to 1200 PSI. release pressure, float + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

cent - on job: 1, 3, 5, 16, 18, 20
based on job: 6, 17.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	130	Mileage	3.95	513.50
C201	150 sbs	thickset cement	19.50	2925.00
C207	750#	5" Kol-seal/sk	.45	337.50
C208	300#	2" phenoseal/sk	1.25	375.00
C1086	8.25	ton mileage bulk trk	1.35	1447.88
C113	8 hrs	80 bbl vac. trk	75.00	600.00
C224	3,300 gals	city water	10.00/1000	33.00
C421	1	5 1/2" latch down plug	230.00	230.00
C504	6	5 1/2" x 7 7/8" centralizers	48.00	288.00
C604	2	5 1/2" cement baskets	225.00	450.00
C691	1	5 1/2" guide shoe	167.00	167.00
C703	1	5 1/2" AFV flipper valve insert	145.00	145.00
			subtotal	8641.88
			Sales Tax	378.71
			Total	9020.59

Authorization Gary J Reed

Title _____

Total

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 Ticket No. 2253
 Foreman Shannon Feck
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-5-15	1024	Frederick # 4-1	4	1S	15E	Brown	KS	
Customer	Mailing Address	City	State	Zip Code	Unit #	Driver	Unit #	Driver
Bop West LLC	P.O. Box 129	Wooster	OH	44691	105			
					114			

Job Type Surface Hole Depth 263' Slurry Vol. 31 Bbl Tubing _____
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