

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258950
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: _____

1258950

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)* _____

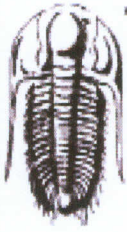
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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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Form	ACO1 - Well Completion
Operator	Venture Resources, Inc.
Well Name	Hahn 6
Doc ID	1258950

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Computer Processed Interpretation



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Venture Resources, Inc.
 2255 Wadsworth Ste 205
 Lakewood CO 80227
 ATTN: Brad Rine

31-10-17, Rooks, KS
Hahn #6
 Job Ticket: 62338 DST#: 1
 Test Start: 2015.05.08 @ 11:50:00

GENERAL INFORMATION:

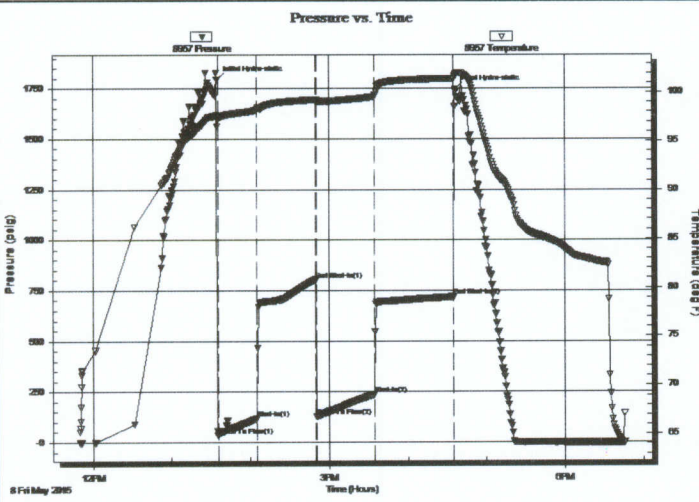
Formation: **Arb.**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 13:35:15 Tester: Brett Dickinson
 Time Test Ended: 18:45:45 Unit No: 81
 Interval: **3531.00 ft (KB) To 3639.00 ft (KB) (TVD)** Reference Elevations: 2085.00 ft (KB)
 Total Depth: 3639.00 ft (KB) (TVD) 2080.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 8957

Outside

Press@RunDepth: 236.91 psig @ 3542.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.05.08 End Date: 2015.05.08 Last Calib.: 2015.05.08
 Start Time: 11:50:05 End Time: 18:45:44 Time On Btm: 2015.05.08 @ 13:34:30
 Time Off Btm: 2015.05.08 @ 16:36:00

TEST COMMENT: IF-BOB in 16min
 IS- No blow
 FF-BOB in 21min
 FSI- No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1795.10	97.62	Initial Hydro-static
1	33.75	97.16	Open To Flow (1)
31	118.87	98.19	Shut-In(1)
76	803.83	99.23	End Shut-In(1)
76	127.29	99.00	Open To Flow (2)
120	236.91	99.54	Shut-In(2)
181	719.49	101.40	End Shut-In(2)
182	1747.00	101.73	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	GVSWOCM 10%G 25%O 62%M 3%W	1.41
305.00	GOCM 10%G 30%O 60%M	4.28
30.00	SOCM 5%O 95%M	0.42

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Venture Resources, Inc.

31-10-17, Rooks, KS

2255 Wadsworth Ste 205
Lakewood CO 80227

Hahn #6

Job Ticket: 62338

DST#: 1

ATTN: Brad Rine

Test Start: 2015.05.08 @ 11:50:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 9800.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	GVSWOCM 10%G 25%O 62%M 3%W	1.410
305.00	GOCM 10%G 30%O 60%M	4.278
30.00	SOCM 5%O 95%M	0.421

Total Length: 455.00 ft Total Volume: 6.109 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

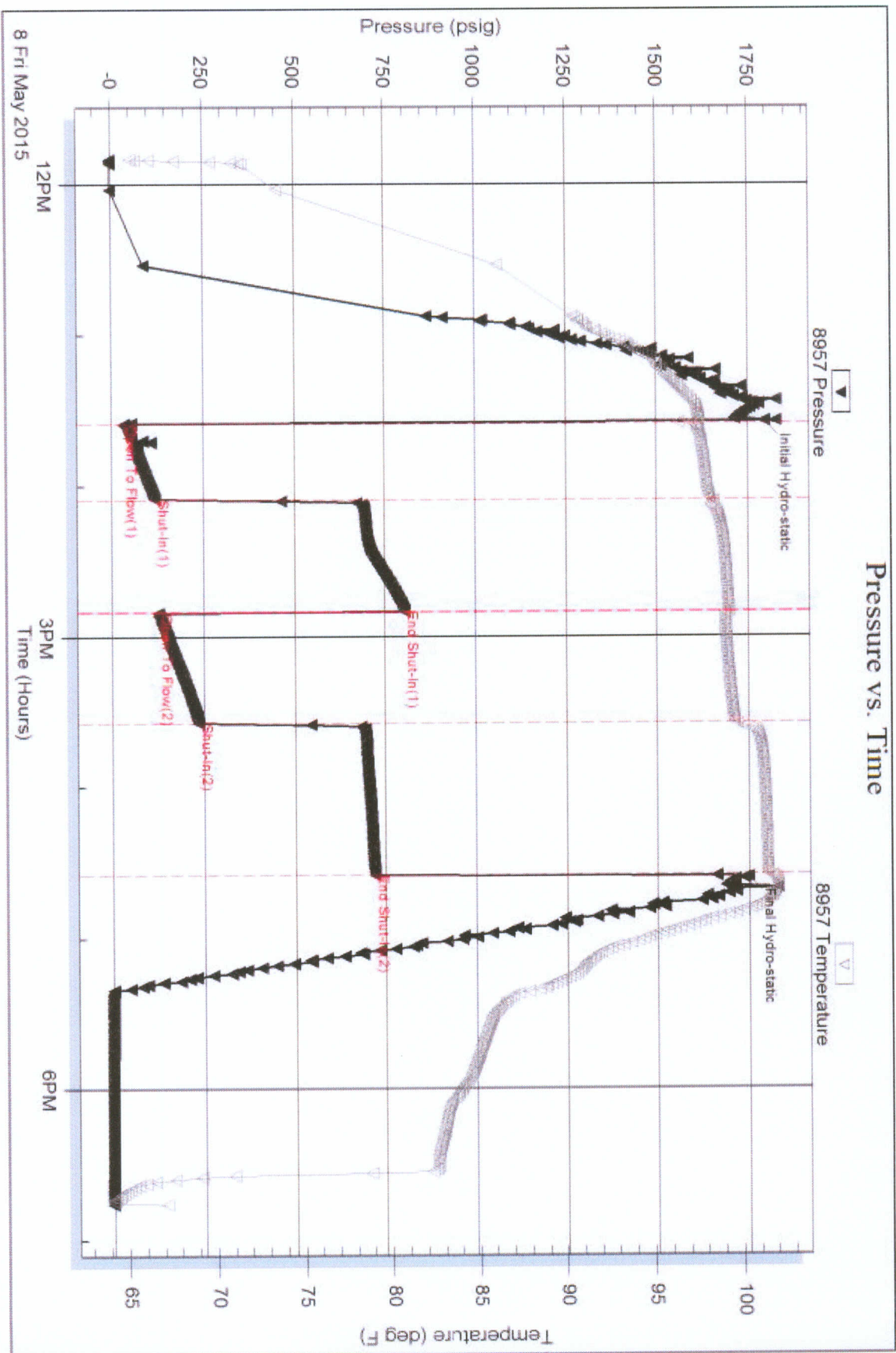
Recovery Comments: Sampler Data 300ml O 1700mlO 125 PSI

Serial #: 8957

Outside Venture Resources, Inc.

Hahn #6

DST Test Number: 1





CHARGE TO: **VENTURE RESOURCES**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET **28271**
 PAGE 1 OF 2

SERVICE LOCATIONS: 1. **Ness City, Ks**

WELL/PROJECT NO. # **6** LEASE **HANN** COUNTY/PARISH **ROOKS** STATE **Ks** DATE **5-9-15** OWNER **same**

TICKET TYPE: SERVICE SALES CONTRACTOR **AMERICAN EAGLE DATE** RIG NAME/NO. **ROOKS** SHIPPED VIA **CT** DELIVERED TO **LOUARDON** ORDER NO.

WELL TYPE **Oil** WELL CATEGORY **Development** JOB PURPOSE **5 1/2" horizontal** WELL PERMIT NO. WELL LOCATION **S/ PATAVILLIE, Ks**

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 110	20	ME			\$100	100.00
579		1			Pump Charge	1	JOB	3636	FT	1700.00	1700.00
221		1			leakdown KCL	2	GAL			25.00	50.00
281		1			MUDFLUSH	500	GAL			1.25	625.00
402		1			CENTRALIZERS	7	EA		5 1/2"	60.00	420.00
403		1			CENSUR BARKETS	2	EA			250.00	500.00
405		1			FORMATED PACKERSHDE	1	EA			1300.00	1300.00
406		1			LATCH DOWN PULG - BATTLE	1	EA			225.00	225.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X DATE SIGNED **5-9-15** TIME SIGNED **0930** A.M. P.M.

SWIFT OPERATOR **WAVE WILSON** APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	4920.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	844.275
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					
SUB TOTAL					13,362.75
TAX					669.32
TOTAL					14,032.07

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-8-15 PAGE NO. 1
 TICKET NO. 28271

CUSTOMER VENTURE RESOURCES

WELL NO. # 6

LEASE HAWK

JOB TYPE 5 1/2" LONGSTRING

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ON LOCATION
	1000							START 5 1/2" CASING IN WELL
								TD-3639 SET = 3636
								TP-3636 5 1/2" # 14
								SS-44'
								CENTRALIZERS- 1, 3, 5, 7, 9, 11, 13
								CMT BSRTS- 2, 12
	1115				✓		1300	DROP BALL - CIRCULATE - SET PACKERSHOE
	1315	6	12		✓		500	PUMP 500 GAL MUDFLUSH
	1317	6	20		✓		500	PUMP 20 BBLs KCL-FLUSH
	1330		7					PLUG RH (30SKS)
	1340	6	55		✓		400	MIX CEMENT - 100 SKS = 11.2 PPG
		6	48		✓			100 SKS = 11.8 PPG
		5	34		✓			100 SKS = 13.0 PPG
		5	20		✓		150	70 SKS = 14.0 PPG
	1410							WASH OUT PUMP - LINES
	1410							RELEASE LATCH DOWN PLUG
	1415	7	0		✓			DISPLACE PLUG
		6	85				1100	
	1427	6	87.6				1750	PLUG DOWN - PSE UP - LATCH IN PLUG
	1430							OK RELEASE PSE - HELD CALCULATED 0 SKS CEMENT
								WASH TRUCK
	1600							JOB COMPLETE

THANK YOU
 WAYNE, DAVE K., JOHN J., TYLER