

1260410

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 Geologist Report / Mud Logs <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				

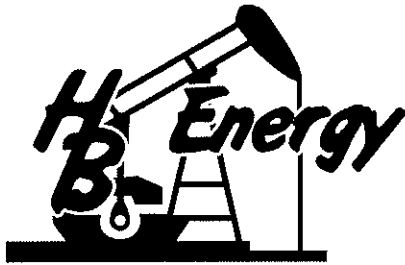
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Fueling American
 Recovery

Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes
 Isaac Burbank

Phone: (785) 979-9493
 (913) 963-9127

Fax: (785) 883-2305

Well Log

Sandstone Resources
 Richards #1-1
 Sec. 12 Twp. 17 Rng. 20
 Franklin County
 FSL: 4280 FEL: 2620
 API: 15-091-27051
 Start: 07/30/15
 End: 07/31/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
4	Soil & Clay	4	
2	Sandstone	6	
1	Lime	7	
20	Shale	27	
36	Lime	63	
61	Shale	124	
20	Lime	144	
27	Shale	171	
5	Lime	176	
34	Shale	210	
9	Lime	219	
4	Shale	223	
2	Lime	225	
15	Shale	240	
12	Lime	252	
1	Shale	253	
12	Lime	265	
6	Shale	271	
25	Lime	296	
3	Shale	299	
4	Lime	303	
2	Shale	305	
6	Lime	311	Base of the Kansas City / Hertha
33	Shale	344	
1	Broken sand	345	Grey sand & shale
2	Silty Shale	347	
81	Shale	428	
5	Sand	433	Grey, no oil, no gas
56	Shale	489	
14	Lime	503	
8	Shale	511	
7	Lime	518	

Drilled an 11" hole to 23'
Drilled a 5 5/8" hole to 650'

07/30/15 set 23' of 7" surface casing, cemented with 8 sacks of cement.

07/30/15 Cored 1st Squirrel zone.

07/31/15 set 636' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.
Baffle set at 606'.

Best Perforation Zone: 570'-577' and 579'-580' (C.C.H. & I.R.B.)



CONSOLIDATED
Oil Well Services, LLC

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

3748
5601

TICKET NUMBER 47371
LOCATION Ottawa, KS
FOREMAN Jim Green

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
07-31-15	9999	Richards # I-1	12	17	20	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Sandsone			669	Jim Grc		
MAILING ADDRESS			467	Ken Car		
3131 Virginia Rd.			558	Troy Mor		
CITY	STATE	ZIP CODE	HEB	Water	Customer	Supply
Wellsville	Ks	66062				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Long stop	5 7/8"	650'	2 7/8"			
CASING DEPTH	DRILL BIT	TUBING	OTHER			
1636	Ball 606'					
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
3.5			4 BPM			

REMARKS: Held crew meeting. Established pump rates. Mix and pump 100# gel to flush hole. Mix and pump 85 sk 5% 102 mix cement with 2% gel & 1/4" F10-seal. Circulated cement to surface. Flush pump clear of cement. Pump 2 1/2" rubber plug to total depth of casing. Pressure up to 800 # PSI. Well held 800 # PSI for 30 min MIT. Set show.

Jim Green 30 min MIT

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	One	PUMP CHARGE	467	1500.00
CE0002	15	MILEAGE		107.25
CE0711	min	Ton Mileage		660.00
		Customer supply H2O		
		Equipment		2267.25
		Sub-40%	906.92	1360.35
CC5840	85 sk	102 Blend I-A		1147.50
CC5965	243 #	Premium Gel		72.90
CC6075	21 #	F10-seal (Cellofloc)		420.00
CP8176	One	2 1/2" Rubber Plug		75.00
		material sub		1337.40
		less - 40%	534.96	802.44
		8th	SALES TAX	64.20
			ESTIMATED TOTAL	2228.99

Rev 3737

AUTHORIZATION Chay TITLE _____ DATE 371164

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.