

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260962
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: _____

1260962



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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator **CHEROKEE WELLS LLC**

Well No. **2-20**

County **WILSON**

Lease **BENJEGERDES**

Stale **KS**

Loc. **1341**

Depth **1341**

Hours **20**

Sec. **20**

Twp. **27S**

Rge. **16E**

Date Started **5-12-15**

Date Completed **5-14-15**

Job No.

Casing Used **42' 8 5/8"**

Bit No.

Type

Bit Record size **6 3/4"**

From

To

Bit No.

type

Size

From

To

% Rec.

Driller

Cement Used

Driller

Rig No.

Driller

Hammer No.

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	42	SURFACE	712	767	GAS TEST 7# 1/4"	963	965	SAND(OIL ODOR)			
42	125	SHALE	737	780	SHALE	965	997	SANDY SHALE			
125	130	LIMEY SHALE	767	780	LIME (OIL ODOR)	997	998	COAL			
130	150	LIME	788	787	GAS TEST 13# 1/4"	998	1057	SHALE			
150	189	SHALE	780	795	BLK SHALE	1005	1057	GAS TEST SAME			
189	232	LIME	787	795	LIME	1057	1080	SAND (B-VILLE) ODOR			
232	249	SHALE	795	798	SHALE	1090	1080	GAS TEST 10# 3/4"			
249	251	COAL	798	800	GAS TEST 4# 3/8"	1080	1185	WATER SAND			
251	260	SANDY SHALE	798	800	LIME	1185	1187	SHALE			
260	293	SHALE	800	822	SAND	1187	1198	LIME MISS CHAT			
293	300	LIME	822	827	SHALE	1198	1341	LIME			
300	318	SHALE	827	833	SAND (OIL ODOR)	1200		GAS TEST 8# 3/4"			
318	442	LIME	833	836	SHALE						
413	452	GAS TEST 10# 1/4"	836	838	LIME			T.D. 1341'			
442	452	SHALE	838	880	GAS TEST 10# 3/8"						
452	477	LIME	838	880	SHALE						
462		GAS TEST 2.5# 1/4"	880	881	COAL						
477	578	SHALE	881	894	SHALE						
578	581	LIME	888	895	GAS TEST 13# 3/8"						
581	586	SHALE	894	895	COAL						
586	590	LIME	895	930	SHALE						
590	607	SHALE	895	931	GAS TEST 12# 3/8"						
607	623	LIME	930	931	COAL						
623	630	SANDY SHALE	931	948	SHALE						
630	633	LIME	938	949	GAS TEST SAME						
633	640	SANDY SHALE	948	949	COAL						
640	681	SHALE SANDY SHALE	949	960	SHALE						
681	705	SHALE	950	961	GAS TEST SAME						
705	707	COAL	960	961	COAL						
707	716	LIMEY SHALE	961	963	SHALE						
716	737	LIME	965		GAS TEST 7.5# 3/4"						

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



Cement or Acid Field Report
 Ticket No. **2283**
 Foreman KEVIN MCCOY
 Camp _____

API #15-205-28348

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-15-15	1108	BENJEGERDES #2-20	20	27S	16E	Wilson	Ks
Customer			Unit #	Driver	Unit #	Driver	
Domestic Energy Partners			105	DAVE G			
Mailing Address			110	KEVIN M			
P.O. Box 296							
City	State	Zip Code					
FREDONIA	Ks	66736					

Job Type Longstring Hole Depth 1341' Slurry Vol. 41 BBL Tubing _____
 Casing Depth 1335' Hole Size 6-3/4" Slurry Wt. 13.7" Drill Pipe _____
 Casing Size & Wt. 4 1/2 10.5" Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 21.2 BBL Displacement PSI 500 Bump Plug to 1000 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 4 1/2" casing. Break circulation w/ 25 BBL fresh water. Pump 6 SKS (300#) Gel flush, 5 BBL water spacer. Mixed 125 SKS Thick Set Cement w/ 5" Kol-Seal /sk, 1" Pheno Seal /sk @ 13.7" /gal, yield 1.85 = 41 BBL slurry. Wash out pump & lines. Shut down. Release plug. Displace plug to seat w/ 21.2 BBL fresh water. Final pumping pressure 500 PSI. Bump plug to 1000 PSI. Wait 2 minutes. Release pressure. float held. Cement water to surface. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	40	Mileage	3.95	158.00
C 201	125 SKS	THICK SET Cement	17.50	2437.50
C 207	625 #	KOL-SEAL 5" /SK	.45 #	281.25
C 208	125 #	PHENOSEAL 1" /SK	1.25 #	156.25
C 206	300 #	Gel Flush	.20 #	60.00
C 108	6.87 TONS	TON Mileage 40 miles	1.35	370.98
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
THANK YOU				
			Sub Total	4558.98
			Sales Tax 6.15%	183.27
Authorization <u>[Signature]</u> Title _____			Total	4742.25

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.