

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261777
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: _____

1261777

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
4/11/2014	1203

Bill To
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852

✓
JP

Job Date	4/11/2014
Lease Information	
W. Babinger #3	
Foreman	KM

Customer ID#	Terms
1000	5% 15 Days

Item	Description	Qty	Rate	Amount
C102	Cement Pump-Longstring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	30	3.95	118.50
C201	Thick Set Cement	150	19.50	2,925.00T
C207	KolSeal	750	0.45	337.50T
C208	Pheno Seal	150	1.25	187.50T
C217	Caustic Soda	100	1.60	160.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
C113	80 Bbl Vac Truck	4	85.00	340.00
C224	City Water	3,300	0.01	33.00T
C404	5 1/2" Top Rubber Plug	1	70.00	70.00T
C761	5 1/2" Type B Basket Shoe	1	1,290.00	1,290.00T
C604	5 1/2" Cement Basket	1	225.00	225.00T
C504	5 1/2" Centralizer	6	48.00	288.00T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
elitecementing@att.net	

Subtotal	\$7,369.50
Sales Tax (7.15%)	\$394.39
Total	\$7,763.89
Payments/Credits	\$0.00
Balance Due	\$7,763.89

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

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1203**

Foreman KEVIN MCCOY

Camp EUREKA

API 15-111-20500

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-11-14	1000	West Babinger # 3	26	215	10E	Lyon	Ks
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Trimble & MacLuskey Oil, LLC			KM	102	CHRIS G.		
Mailing Address			CB	112	DAVE G.		
P.O. Box 171			DG	141	SHANNON F.		
City			SP				
Gridley		State	Zip Code				
Ks		66852					

Job Type LONGSTRING Hole Depth 2775' Slurry Vol. 50 DBL Tubing _____
 Casing Depth 2657' G.L. Hole Size 7 7/8 Slurry Wt. 13.7* Drill Pipe _____
 Casing Size & Wt. 5 1/2 Cement Left in Casing 3' Water Gal/SK 9.0 Other _____
 Displacement 66.5 DBL Displacement PSI 650 Bump Plug to 1100 PSI BPM _____

Remarks: Safety Meeting: Rig up to 5 1/2 casing w/ Type B Basket shoe. Circulate w/ mud pump to get air out of 5 1/2. Rig up to cement. Drop brass ball. Set basket shoe @ 750 PSI. Pump 10 DBL water 10 DBL caustic pre flush 5 DBL water spacer. Mixed 150 sks thick set cement w/ 5* Kol-Seal/sk 1* Pheno Seal/sk @ 13.7* yield 1.85 = 50 DBL slurry. wash out pump & lines. Shut down. Release plug. Displace plug to seat w/ 66.5 DBL fresh water. FINAL Pumping Pressure 650 PSI. Bump Plug to 1100 PSI. Wait 2 minutes. Release Pressure. Float Held. Good Circulation @ ALL times while cementing. Job Complete. Rig down.

Note: Could not rotate casing (ran a basket shoe on bottom of casing string)

Centralizers on *1, 2, 3, 5, 10, 15 Basket on top of * 8

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 201	150 sks	THICK Set Cement	19.50	2925.00
C 207	750 *	Kol-Seal 5*/sk	.45 *	337.50
C 208	150 *	Pheno Seal 1*/sk	1.25 *	187.50
C 217	100 *	CAUSTIC SODA Pre Flush	1.60 *	160.00
C 108A	8.25 TONS	Ton Mileage	M/C	345.00
C 113	4 HRS	80 DBL VAC TRUCK	85.00	340.00
C 224	3300 GALS	CITY WATER	10.00/1000	33.00
C 404	1	5 1/2 Top Rubber Plug	70.00	70.00
C 161	1	5 1/2 Type B BASKET SHOE	1290.00	1290.00
C 604	1	5 1/2 Cement BASKET	225.00	225.00
C 504	6	5 1/2 x 7 7/8 CENTRALIZERS	48.00	288.00
THANK YOU			Sub TOTAL	7369.50
#			7.15%	Sales Tax
				394.39
Authorization <u>Witnessed By Mike Stafford</u> Title <u>General Delg. Toolpusher</u>			Total	7763.89

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.

Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92

Eureka, KS 67045



Date	Invoice #
4/11/2014	1215

Bill To
Trimble & Maclaskey Oil LLC PO Box 171 Gridley, KS 66852

✓
B.R.

Job Date	4/7/2014
Lease Information	
W. Babinger #3	
Foreman	SM

Customer ID#	Terms
1000	5% 15 Days

Item	Description	Qty	Rate	Amount
C101	Cement Pump-Surface	1	840.00	840.00
C107	Pump Truck Mileage (one way)	30	3.95	118.50
C200	Class A Cement-94# sack	80	15.00	1,200.00T
C205	Calcium Chloride	225	0.60	135.00T
C206	Gel Bentonite	150	0.20	30.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
elitecementing@att.net	

Subtotal	\$2,668.50
Sales Tax (7.15%)	\$97.60
Total	\$2,766.10
Payments/Credits	\$0.00
Balance Due	\$2,766.10

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

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1215**
 Foreman Steve Mead
 Camp Eureka

APT 15-111-20500

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
4-7-14	1000	West Babinger #3	26	21S	10E	Lyon	Ks	
Customer <u>Trimble & MacLark</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 171</u>					102	Chris B		
City <u>Gridley</u>					112	Shannon F		
State <u>Ks</u>		Zip Code <u>66852</u>						

Job Type Surface Hole Depth 118' KR Slurry Vol. 22 HL Tubing _____
 Casing Depth 106 GL Hole Size 12 1/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 8 5/8 23' Cement Left in Casing 10' Water Gal/SK _____ Other _____
 Displacement 6 3/4 HL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 5 bbls Fresh water, mix 5 sacks Class A Cement w/ 3% Coc12, 2% Gel. Displace w/ 6 3/4 HL Freshwater. Shut casing in. Good cement return to surface. Well stop.
Job complete. Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	30	Mileage	3.95	118.50
C200	80 SK	Class A Cement	15.00	1200.00
C205	225 #	Coc12 3%	.60	135.00
C206	150 #	Gel 2%	.20	30.00
C108A	3.76 Ton	Ten Mileage Bulk Truck	Mile	345.00
			Subtotal	2668.50
			Sales Tax	97.60
Authorization <u>Witnessed By Mike Steffan</u> Title <u>Toolpusher</u>			Total	2766.10

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.