



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1268798
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: _____



1268798

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: _____ _____
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Customer <i>Bessler Well Service</i>	Lease No.	Date <i>10-1-2015</i>
Lease <i>McLeod</i>	Well # <i>10-1</i>	
Field Order # <i>12577</i>	Station <i>Pos + 115</i>	Casing <i>8 5/8</i>
Type Job <i>CIVW 18 1/2 Sulfur</i>	Depth <i>222</i>	County <i>Kingsmen</i>
	Formation <i>FD 217</i>	State <i>KS</i>
		Legal Description <i>10-30-8</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>								
Depth <i>222</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>14</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>201</i>	Packer Depth	From	To	Flush <i>Freshwater</i>	Gas Volume		Total Load	

Customer Representative <i>Larry Bessler</i>	Station Manager <i>Kevin Gardner</i>	Treater <i>Darin Franklin</i>
Service Units <i>92911 78982 86779 70959 73768</i>		
Driver Names <i>Dylan Sitman</i>	<i>Rocky</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>3:30 pm</i>					<i>on location / safety meeting</i>
<i>3:45 pm</i>	<i>200</i>		<i>3</i>	<i>6</i>	<i>pump 3 bbls water</i>
	<i>200</i>		<i>43</i>	<i>6</i>	<i>m-v 200sll 60/60 poz</i>
<i>4:00 pm</i>	<i>200</i>		<i>13</i>	<i>6</i>	<i>Displace 13 bbls water</i>
					<i>Shut in</i>
					<i>Cement did Circulate</i>
					<i>Job complete / Disinfect crew</i>
					<i>Thank you!!!</i>

Customer: <i>Rob's well</i>	Lease No.	Date: <i>10-10-15</i>
Lease: <i>Michael D</i>	Well #: <i>10-1</i>	
Field Order #: <i>12902</i>	Station: <i>Pratt</i>	Casing: <i>D.P.</i>
Type Job: <i>cow P.T.H.</i>	Formation: <i>1</i>	Legal Description: <i>10-30-8</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager: <i>DAVE SETH</i>	Treater: <i>P.L. / M.W.</i>
Service Units: <i>37900 33702 20920 19960 18867</i>		
Driver Names: <i>Colton M. S. Dan B...</i>		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>4:00</i>					<i>cow L</i>
<i>4:30</i>			<i>7</i>	<i>207</i>	<i>Set Plug @ 1250' w/ 25-4 60/40 per</i>
<i>4:40</i>			<i>10</i>		<i>cow</i>
					<i>Plug @ 250' w/ 25-4</i>
			<i>7</i>		<i>cow</i>
			<i>4</i>		<i>Plug</i>
					<i>Plug @ 250' w/ 25</i>
			<i>9</i>		<i>cow</i>
			<i>1</i>		<i>Plug</i>
<i>6:00</i>			<i>6</i>		<i>Plug @ 250' w/ 25-4</i>
			<i>7</i>		<i>plug R.H. w/ 30-4</i>
					<i>500 Comp</i>
					<i>Thick</i>

2,700.61



**TRIOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Ressler Well service

10-30S-8W Kingman

PO Box 525
Burrton, KS 67020

McLeod 10-1

Job Ticket: 57912

DST#: 1

ATTN: Terry McLeod

Test Start: 2015.10.08 @ 22:53:29

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 01:12:29
 Time Test Ended: 06:23:14
 Interval: **4156.00 ft (KB) To 4185.00 ft (KB) (TVD)**
 Total Depth: 4185.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good

Test Type: Conventional Bottom Hole (Initial)
 Tester: Leal Cason
 Unit No: 74
 Reference Elevations: 1510.00 ft (KB)
 1501.00 ft (CF)
 KB to GR/CF: 9.00 ft

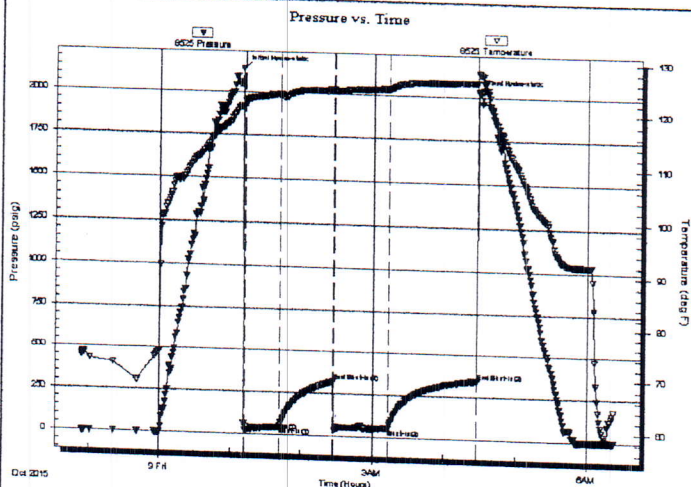
Serial #: 8525

Inside

Press@RunDepth: 52.09 psig @ 4157.00 ft (KB)
 Start Date: 2015.10.08 End Date: 2015.10.09
 Start Time: 22:53:29 End Time: 06:23:14

Capacity: 8000.00 psig
 Last Calib.: 2015.10.09
 Time On Btm: 2015.10.09 @ 01:10:44
 Time Off Btm: 2015.10.09 @ 04:28:29

TEST COMMENT: IF: Strong Blow, BOB in 1 minute
 IS: No Blow Back
 FF: Strong Blow, BOB in 10 seconds
 FS: No Blow Back



PRESSURE SUMMARY

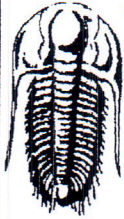
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2141.24	120.55	Initial Hydro-static
2	23.70	121.62	Open To Flow (1)
31	45.19	123.06	Shut-In(1)
77	321.87	124.16	End Shut-In(1)
77	34.33	123.86	Open To Flow (2)
122	52.09	124.50	Shut-In(2)
197	346.62	126.03	End Shut-In(2)
198	2031.29	127.87	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	636 GIP	0.00
120.00	SOGCM 6%G 2%O 92%M	0.59

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Ressler Well service

10-30S-8W Kingman

PO Box 525
Burrton, KS 67020

McLeod 10-1

ATTN: Terry McLeod

Job Ticket: 57913 DST#: 2

Test Start: 2015.10.09 @ 14:15:31

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:38:31
Time Test Ended: 22:01:16

Test Type: Conventional Bottom Hole (Reset)

Tester: Leal Cason

Unit No: 74

Interval: **4186.00 ft (KB) To 4220.00 ft (KB) (TVD)**

Total Depth: 4220.00 ft (KB) (TVD)

Reference Elevations: 1510.00 ft (KB)

Hole Diameter: 7.88 inches Hole Condition: Good

1501.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 8525

Inside

Press@RunDepth: 43.02 psig @ 4187.00 ft (KB)

Start Date: 2015.10.09

End Date:

2015.10.09

Capacity: 8000.00 psig

Start Time: 14:15:31

End Time:

22:01:16

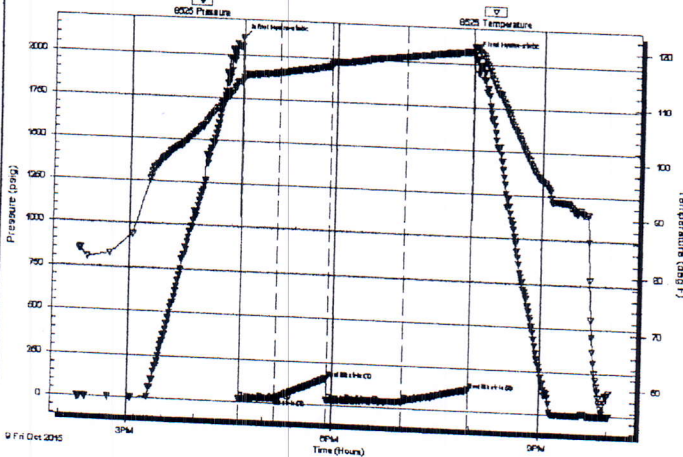
Last Calib.: 2015.10.09

Time On Btm: 2015.10.09 @ 16:37:46

Time Off Btm: 2015.10.09 @ 19:58:46

TEST COMMENT: IF: Weak Blow, Built to 4 inches
IS: No Blow Back
FF: Weak 1/4 inch Blow
FSI: No Blow Back

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2097.68	112.72	Initial Hydro-static
1	18.98	113.04	Open To Flow (1)
32	31.10	114.52	Shut-In(1)
77	159.67	115.99	End Shut-In(1)
78	28.88	116.27	Open To Flow (2)
142	43.02	118.30	Shut-In(2)
201	129.80	119.61	End Shut-In(2)
201	2051.32	120.48	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	235 GIP	0.00
5.00	SGCM 5%G 95%M	0.02

* Recovery from multiple tests

Gas Rates

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

Trilobite Testing, Inc

Ref. No: 57913

Printed: 2015.10.09 @ 22:12:56