

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1268490
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1268490

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)</i> <i>(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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Form	ACO1 - Well Completion
Operator	Raydon Exploration, Inc.
Well Name	Kleeman 1-33
Doc ID	1268490

All Electric Logs Run

Dual Spaced Neutron Spectral Density Log
Array Compensated True Resistivity Log
Wavesonic
Microlog
Annular Hole Volume

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Well Name	Kleeman 1-33
Doc ID	1268490

Tops

Name	Top	Datum
Base Heebner	3962	-720
Lansing Fm	4069	-827
Swop	4348	-1106
Marmaton Fm	4506	-1264
Pawnee	4595	-1353
Ft. Scott	4626	-1384
Cherokee	4643	-1401
Morrow Fm	4873	-1631
St. Genevieve	5035	-1793
St. Louis	5060	-1818

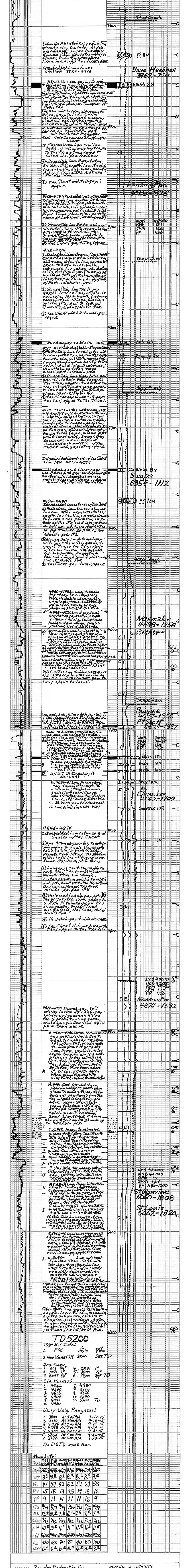
GEOLOGIST'S REPORT

COMPANY Raydon Exploration, Inc. **ELEVATIONS**
LEASER Kleeaman **NO.** 1-33 **KB 3447**
SECTION 33 TWP. 21S R. 36W **MFSUSFRMNTS ARE**
COUNTY Kearney **STATE** Kansas **ALL FROM** KB
FIELD Wildcat **DATE** 10/27/15
CONTRACTOR Quest Drilling Services, LLC **REG. NO.** 22303
DATE 9/18/2015 **COM P.** 9-23-2015 **EL. OF** 40.85 SPGR
HTD. 5100 **LT D.** 5200 **DEVELOPER** DeWester, Calped
NO. OF CTS. None **NO. OF CORES** None **DRILLING TIME** B SAMPLE LOG

REMARKS Earth Tech (1-888-543-8378) had an unmanned gas detection trailer on this well from 3800 feet to total depth.

*Thank You,
Edmund H. Grew
Geologist*

LITHOLOGY CHRONOLOGRAPH



Operator	Raydon Exploration, Inc.	Lease	Kleeaman	Section	33	Twp	21S	R. 36W	County	Kearney	State	Kansas
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Depth	3800	4100	4200	4300	4400	4500	4600	4700	4800	4900	5000	5100	5200
WT	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2
VI	47	47	52	62	52	62	52	62	53				
PV	15	15	19	25	19	18	16						
YP	9	11	14	17	17	16	9						
FS	9/14	9/11	10/19	12/4	12/1	11/6	10/18						
WL	13.5	8.2	7.5	6.2	7.2	7.2	7.2						
Calcs	3/2	3/2	3/2	3/2	3/2	3/2	3/2						
pH	10.2	10.2	11.2	11.2	11.2	11.2	11.2						
CHI	600	9400	6700	6700	4400	4300	4200						
Ca	320	180	80	80	40	80	100						
CM	6.2	6.2	8.2	8.2	6.2	8.2	8.2						



Customer	Raydon Fyp	Lease No.		Date	9/13/15
Lease	Kleeman	Well #	1-33	Service Receipt	1717 01536 A
Casing	8 5/8	Depth	1052	County	kearney
Job Type	242 surface	Formation		State	ks
				Legal Description	Sec 33 Twp 21 Range 36

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 21#	Tubing Size		Lead
Depth	1052	Depth	From To	240 sks A - Co. Blend 11.4#
Volume	64.42 bbls	Volume	From To	2.95 cu³/sk 18.10 gal/sk
Max Press	2000	Max Press	From To	Tail in
Well Connection	PC	Annulus Vol.	From To	150 sks Premium Plus 14.80# cement
Plug Depth	1009.75	Packer Depth	From To	1.34 cu³/sk 6.33 gal/sk

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
20:00					Callout
23:00					Arrived to location
23:30					rig up iron and wait on casing crew
4:15					rig up Head and Manifold
4:40					safety meeting
4:49	2000				Pressure test
4:52					Start lead cement 11.4#
4:59	150			6.1	Pumping @ 6.1 BPM 150 psi
5:05	150		63.01	5.9	120 120 sks gone of lead
5:23	150		126.09	5.9	240 sks of lead cement gone
5:23	150			5.9	switched to Tail cement 14.80#
5:42			35.79		Shutdown 150 sks of tail Pumped
5:41					Dropped Plug
5:45	0			6.1	Start Displacement
5:51	0		10	6.1	10 bbl out
5:54	0		20	6.1	20 bbl out
5:57	0		30	6.1	30 bbls out
6:02	400		40	3.5	40 bbls out
6:05	400		50	3.2	50 bbls out
6:10	400		60	1.5	60 bbls out
6:06	400		54	2	slow rate 54 bbls in
6:13	1000		64.42		plug landed
6:14	0				release pressure (float holder) complete

Service Units	14354-37725	19831-14284	89315	3817-19919	
Driver Names	Jose	Margarita	Hector	Daniel	

Clint Andrews
Customer Representative

Tyler Davis
Station Manager

Hector Esqueda
Cementer