



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1274458
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: _____

1274458

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2463
 Foreman Kevin McCoy
 Camp Eureka

ARI # 15-035-24641-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-19-15	1150	Shoba # 1	11	33S	5E	Cowley	Ks	
Customer	Mailing Address	City	State	Zip Code	Unit #	Driver	Unit #	Driver
Redtail Investments LLC	8045 SW 36 th ST	Oklahoma City	OK	73179	105	DAVE G.		
					110	ALAN M.		
					112	CHRIS B.		
					140 T147	SHANNON F.		

Job Type Longstring Hole Depth 3900' KB Slurry Vol. 865 46 Stage #1 Tubing _____
 Casing Depth 3889' G.L. Hole Size 7 7/8" Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 5 1/2 17# Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 93 BBL Stage #1 Displacement PSI _____ Bump Plug to _____ BPM 5 BPM

Remarks: Safety Meeting: 5 1/2 Set @ 3889' G.L. DV Tool Set @ 2913' Below G.L. Rig up to 5 1/2 Casing. BREAK Circulation w/ 5 BBL Fresh water. Mixed 140 SKS THICK Set Cement w/ 5* Kol-Seal, 2* PhenoSeal/SK @ 13.7#/gal, yield 1.85 = 46 BBL Slurry. WASH out Pump & Lines. Shut down. Release LATCH down Flex Plug. Displace Plug to SEAT w/ 93 BBL Fresh water. FINAL Pumping Pressure 750 PSI. Bump Plug to 1250 PSI. Release Pressure. FLOAT & Plug Held. Drop Trip Bomb. WAIT 10 mins. Open DV Tool @ 1250 PSI. Circulate Excess Cement off Top of DV Tool w/ mud Pump = 10 BBL Slurry to Pit. Stage #1 Complete. Circulate w/ Mud Pump for 2 Hrs. Stage #2. Pump 10 BBL Fresh water. Mixed 195 SKS THICK Set Cement w/ 5* Kol-Seal, 2* PhenoSeal/SK @ 13.7#/gal, yield 1.85 = 69 BBL Slurry. WASH out Pump & Lines. Shut down. Release Closing Plug. Displace Plug to SEAT w/ 70 BBL Fresh water. FINAL Pumping Pressure 900 PSI. Close DV Tool @ 1250 PSI. Bump Plug to 1800 PSI. Release Pressure, no flow BACK. Tool Closed. Plug RAT Hole w/ 15 SKS. CENTRALIZERS ON *1, 8, 13, 15, 17, 19, 21, 24, 27, 31, 37, 40. DV Tool Top of *22. BASKET Floating on *22

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge Stage #1	1050.00	1050.00
C 107	60	Mileage	3.95	237.00
C 108	1	Pump Charge Stage #2	840.00	840.00
C 201	140 SKS	THICK Set Cement	19.50	2730.00
C 207	700 #	Kol-Seal 5*/SK } Stage #1	.45 *	315.00
C 208	280 #	PhenoSeal 2*/SK	1.25 *	350.00
C 201	210 SKS	THICK Set Cement	19.50	4095.00
C 207	1050	Kol-Seal 5*/SK } Stage #2 (195 SKS Prod Csg)	.45 *	472.50
C 208	420 #	PhenoSeal 2*/SK } (15 SKS RAT Hole)	1.25 *	525.00
C 108	19.25 TONS	Ton Mileage 60 miles	1:35	1559.25
C 114	5 HRS	Water Transport	110.00	550.00
C 224	5100 gals	City water	10.00/1000	51.00
C 691	1	Guide Shoe	167.00	167.00
C 674	1	FLOAT COLLAR AFU	342.00	342.00
C 776	1	DV Tool w/ Plugs	2800.00	2800.00
C 504	12	CENTRALIZERS	48.00	576.00
C 604	1	Cement BASKET	225.00	225.00
				16,884.75
			Less 5%	886.93
			Sales Tax 6.75%	853.77
				Total 16,851.59

Authorization Ray Link Title _____

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.

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



Cement or Acid Field Report

Ticket No. 2460
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-035-24641-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-13-15	1150	Shoba # 1	11	335	SE	Cowley	Ks
Customer			Unit #	Driver		Unit #	Driver
Redtail Investments LLC			105	DAVE G.			
Mailing Address			113	SHANNON F.			
8045 SW 36 TH ST.							
City							
OKLAHOMA CITY							
State	Zip Code						
OK	73179						

Job Type SURFACE Hole Depth 224' KB Slurry Vol. 29 BBL Tubing _____
 Casing Depth 211' G.L. Hole Size 12 1/4" Slurry Wt. 15 # Drill Pipe _____
 Casing Size & Wt. 8 5/8" Cement Left in Casing 15' Water Gal/SK _____ Other _____
 Displacement 13.2 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: Rig up to 8 5/8 casing. BREAK CIRCULATION w/ 10 BBL water. MIXED 130 SKS CLASS "A" Cement w/ 3% CaCl2, 1/4" PhenoSeal /sk @ 15 #/gal = 29 BBL SLURRY. Displace w/ 13.2 BBL Fresh water. Shut casing in. Good Cement Returns to SURFACE = 9 BBL SLURRY to Pit. Job Complete. Rig down.

Note: DRILLING Rig Lost CIRCULATION @ 36' K.B measurement. Got CIRCULATION BACK but EVERY time they MADE A Connection Fluid would FALL BACK ABOUT 30'. RAN 8 5/8 Cement BASKET on Top Joint 20' Below G.L. measurement. AFTER Cementing ANNULUS WAS STANDING FULL OF Cement. NO FALL BACK.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	60	Mileage	3.95	237.00
C 200	130 SKS	CLASS "A" Cement	15.00	1950.00
C 205	365 #	CaCl2 3%	.60 #	219.00
C 208	32 #	PhenoSeal 1/4 #/sk	1.25 #	40.00
C 108	6.11 TONS	Ton Mileage 60 miles	1.35	494.91
C 606	1	8 5/8 Cement BASKET (RAN 20' Below G.L.)	308.00	308.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> 590 (2212.94) \$4045.81 </div>				
THANK YOU			Sub TOTAL	4088.91
-M- 6.75%			Sales Tax	169.90
Authorization <u>M DALL</u> Title <u>Gulick Drlg. Toolpusher</u>			Total	4258.81

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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

January 04, 2016

Steve Howard
Redtail Investments LLC
8045 SW 36TH ST.
OKLAHOMA CITY, OK 73179

Re: ACO-1
API 15-035-24641-00-00
Shoba 1
NE/4 Sec.11-33S-05E
Cowley County, Kansas

Dear Steve Howard:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/13/2015 and the ACO-1 was received on January 04, 2016 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department