



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1278037
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: _____

1278037

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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TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	LB Exploration	Date:	8/5/2015	SO#:		1286
Representative:						
Address:						
City, State:						
County, Zip:						

Field Order No.:	100580	Open Hole:		Perf Depths (ft)	Perfs
Well Name:	Becker-Trust 19-1	Casing Depth:	397		
Location:		Casing Size:	8 5/8		
Formation:		Tubing Depth:			
Type of Service:	Surface	Tubing Size:			
Well Type:	Oil	Liner Depth:			
Age of Well:		Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	8 5/8 Csg	Total Depth:	397	Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
7:15 PM					Called Out			
1:00 AM					On Location with trucks			
1:15 AM					Hold safety meeting & set up trucks			
					Rig Running 9 Joints 23# 8 5/8 Csg			
					Set @ 396 displace to 366			
2:00 AM					Csg on bottom Hook up to Csg break circulation with rig			
2:23 AM	3.0		175.0		Start pumping water			10.00
2:26 AM	3.0		175.0		Start mix 225 sacks class A 2%gel 3%cc @ 15#/gal			
2:45 AM					Shut down Release 8 5/8 wooden plug			54.49
2:48 AM	2.0		100.0		Start Displacement			
3:00 AM					Plug down			
3:05 AM			175.0		Close valve on Csg release pressure			
					Safety meeting rack up truck			
					Raining stuck on location wait for cat			
6:15 AM					off location			
TOTAL:						-	-	64.49

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.0	3.0	175.0	175.0

PRODUCTS USED

225 sacks Class A 2% Gel 3% CC

Treater: _____

Customer: _____

Customer <i>IB Exploration Inc</i>		Lease No.		Date <i>8/19/15</i>	
Lease <i>Rocker Trust</i>		Well # <i>19 #1</i>			
Field Order # <i>12681A</i>	Station <i>Pratt KS</i>	Casing <i>5 1/2</i>	Depth <i>3255</i>	County <i>Ellsworth</i>	State <i>KS</i>
Type Job <i>5 1/2 Long string CNW</i>			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>5 1/2 14 1/4</i>				Pre Pad	Max		5 Min.
Depth <i>3268.75</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>79.7153</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press <i>7000</i>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative <i>Kurt Poppe</i>			Station Manager <i>Karen Guidry</i>			Treater <i>Scott Graves</i>		
Service Units <i>35976</i>	<i>77086</i>	<i>19965</i>						
Driver Names <i>Scott M. Re Todd</i>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:30</i>					<i>On location Safety Meeting Rig up</i>
<i>4:00</i>					<i>Run float equip. Tubing 1 thru 12</i>
<i>6:00</i>					<i>Break Circulation</i>
<i>6:20</i>	<i>1700</i>			<i>7.5</i>	<i>Drop Ball Set packer shoe</i>
<i>6:21</i>	<i>250</i>		<i>1.5</i>	<i>5.2</i>	<i>Pump H2O spacer</i>
<i>6:22</i>	<i>300</i>		<i>5</i>	<i>5.1</i>	<i>Pump Mud flush</i>
<i>6:25</i>	<i>300</i>		<i>12</i>	<i>5.1</i>	<i>Pump H2O spacer</i>
<i>6:27</i>	<i>400</i>		<i>5</i>	<i>5.5</i>	<i>Mix 125 sks AA7 at 14.8 ppv</i>
<i>6:34</i>	<i>0</i>		<i>34.28</i>		<i>shut down</i>
<i>6:35</i>					<i>wash pump + lines clean</i>
<i>6:40</i>	<i>150</i>			<i>6.2</i>	<i>Release plug start Displacement</i>
<i>6:50</i>	<i>400</i>		<i>55</i>	<i>6.1</i>	<i>lift pressure</i>
<i>6:52</i>	<i>450</i>		<i>15</i>	<i>3.8</i>	<i>Reduce Rate</i>
<i>6:55</i>	<i>600</i>		<i>9</i>	<i>3.8</i>	<i>Plug landed</i>
<i>6:55</i>	<i>1500</i>				<i>Release Pressure up on Plug</i>
<i>6:56</i>	<i>0</i>				<i>Release Pressure Plug held</i>
<i>7:15</i>	<i>0</i>		<i>9</i>	<i>3</i>	<i>Plug vent hole 305 sks 60/100 PWT</i>
<i>7:20</i>	<i>0</i>		<i>6.5</i>	<i>3</i>	<i>Plug Manual hole 15 sks 60/100 PWT</i>
<i>7:25</i>					<i>shut down</i>
					<i>Job complete</i>



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BCKRTRST19-1DST1

TIME ON: 0050
TIME OFF: 0820

Company LB EXPLORATION, INC. Lease & Well No. BECKER TRUST 19 #1
Contractor NINNESCAH DRILLING, LLC RIG 101 Charge to LB EXPLORATION, INC.
Elevation 1687 GL Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. M787
Date 8/9/2015 Sec. 19 Twp. 16 S Range 8 W County ELLSWORTH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 3182 ft. to 3261 ft. Total Depth 3261 ft.

Packer Depth 3177 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Packer Depth 3182 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3171 ft. Recorder Number 5448 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 3184 ft. Recorder Number 0063 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEM Viscosity 51 Drill Collar Length 0 ft. I.D. 2 1/4 in.

Weight 9.0 Water Loss 9.6 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.

Chlorides 4,000 P.P.M. Drill Pipe Length 3157 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 79 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. (63'DP) Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: SSB, BOB 30 SEC (WEAK BB)

2nd Open: SSB, BOB 15 SEC (WEAK BB)

Recovered 25 ft. of GIP GRAVITY: 39.2 @ 60°

Recovered 191 ft. of GO 2% GAS, 98% OIL

Recovered 443 ft. of GMO 8% GAS, 60% OIL, 32% MUD

Recovered 2498 ft. of GO 2% GAS, 98% OIL

Recovered 3132 ft. of TOTAL FLUID

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: 100% GASSY OIL

Time Set Packer(s) 3:00 A.M. A.M. P.M. Time Started Off Bottom 4:15 A.M. A.M. P.M. Maximum Temperature 118°F

Initial Hydrostatic Pressure..... (A) 1528 P.S.I.

Initial Flow Period..... Minutes 10 (B) 561 P.S.I. to (C) 913 P.S.I.

Initial Closed In Period..... Minutes 15 (D) 1145 P.S.I.

Final Flow Period..... Minutes 20 (E) 917 P.S.I. to (F) 1142 P.S.I.

Final Closed In Period..... Minutes 30 (G) 1146 P.S.I.

Final Hydrostatic Pressure..... (H) 1516 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

LB EXPLORATION, INC.
DST#1 3182-3261 ARBUCKLE
Start Test Date: 2015/08/09
Final Test Date: 2015/08/09

BECKER TRUST 19 #1
Formation: DST#1 3182-3261 ARBUCKLE
Pool: WILDCAT
Job Number: M787

BECKER TRUST 19 #1

