

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)*

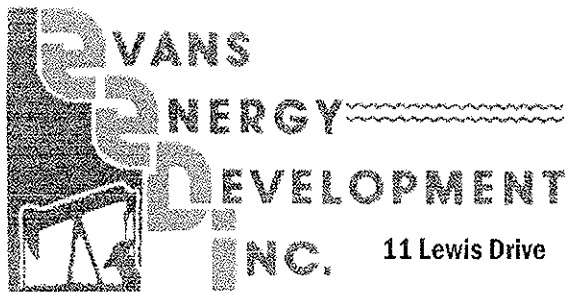
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive Paola, KS 66071

Phone: 913-557-9083
Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC
Joeckel #KRI-24
API # 15-121-30,333
April 30 - May 1, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
2	soil & clay	2
10	shale	12
12	lime	24
107	shale	131
21	lime	152
18	shale	170
7	lime	177
33	shale	210
14	lime	224
12	shale	236
12	lime	248
2	shale	250
15	lime	265
5	shale	270
20	lime	290
2	shale	292
3	lime	295
3	shale	298
12	lime	310
2	shale	312
2	lime	314 base of the Kansas City
29	shale	343
3	sand	346 green
113	shale	459
15	limey sand	474 white & brown hard, good bleeding
5	broken sand	479 70% soft brown sand 30% limey sand, good bleeding
2	shale	481
2	oil sand	483 brown, good bleeding
16	shale	499
8	lime	507
8	shale	515
3	lime	518
19	shale	537
5	lime	542
16	shale	558
3	lime	561
13	shale	574
10	lime	584
12	shale	596
5	lime	601

24	shale	625
1	coal	626
13	shale	639
9	silty shale	648
13	broken sand	661 light brown sand, & shale, no oil
10	silty shale	671
19	broken sand	690 grey & brown, makes water, no oil
1	coal	691
12	shale	703
1	coal	704
3	shale	707
2	broken sand	709 25% brown sand 75% shale, light bleeding
3	silty shale	712
1	lime/sand/shale	713 10% sand 20% lime 70% shale, light bleeding
1	silty shale	714
1	broken sand	715 20% brown sand 80% shale, light bleeding
5	silty shale	720
1	lime	721
1	silty shale	722
1	broken sand	723 15% brown sand 85% shale
1	silty shale	724
1	broken sand	725 15% brown sand, 85% shale
4	silty shale	729
3.5	oil sand	732.5 brown sand, good bleeding
0.5	shale	733
1.5	lime	734.5
0.5	lime/sand/shale	735 5% sand 45% shale 50% lime light bleeding
8	shale	743
1.5	coal	744.5
65.5	shale	810 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 810'

Set 22.5' of 7" surface casing cemented with 5 sacks of cement

Set 803.8' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.

Baffle set 29' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
738		57
739		38
740		43
741		38
742		41
743		54
744	1	14
745		54
746		42
747		48
748		47
749	1	4
750		57
751		46
752		32
753		36
754		47
755		50
756		44
757		34



CONSOLIDATED
Oil Well Services, LLC

267833

TICKET NUMBER 47133
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-1-1	4448	Jaackel KRT-241	SW 13	17	23	M:

CUSTOMER
Kansas Resources Ltd
MAILING ADDRESS
9393 W 110th
CITY
Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	AlaMader	Safety	Meert
358	AlaMader		
370	Jas Ric		
558	Mat Cox		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 810 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 803.8 DRILL PIPE _____ TUBING _____ OTHER 774.8 65
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YRS
DISPLACEMENT 4.5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 gpm

REMARKS: held meeting. Established rate. Mixed & pumped 100# gel followed by 119 sk 50150 cement plus 2 7/8 gel & 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set floak. Closed valve.

Evans Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	10500 ✓
5402	803.8	casing footage	368	— ✓
5407	min	ton miles	558	36800 ✓
5502C	2	80 vac	370	200.00 ✓
1124	119	50150 cement	1368.50	✓
118B	300 #	gel	66.00	✓
1107A	60 #	phenoseal	86.00	✓
		material sub	1515.50	
		less 30%	-454.65	✓
		material total		1060.85
4402	1	2 1/2 plug		29.50
		<input checked="" type="checkbox"/> completed	3421.20	
		SALES TAX		83.42
		ESTIMATED TOTAL		29.31.7

win 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Summary of Changes

Lease Name and Number: Joeckel KRI-24

API/Permit #: 15-121-30333-00-00

Doc ID: 1295156

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	Karen Ritter
Approved Date	05/23/2014	03/08/2016
CasingAdd_Type_PctP DF_1		NA
CasingAdd_Type_PctP DF_2		NA
CasingPurposeOfString PDF_2	Longstring	Production
CasingSizeCasingSetP DF_1	2.875	7
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=12 05715	../kcc/detail/operatorE ditDetail.cfm?docID=12 95156

Summary of Attachments

Lease Name and Number: Joeckel KRI-24

API: 15-121-30333-00-00

Doc ID: 1295156

Correction Number: 1

Attachment Name

Cement ticket/ Driller Log