



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1314624
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
-----------------------------------	-----------------	---

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: _____

1314624

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	---	---



LEIS OIL SERVICES

1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752



Operator License #: 5983	API #: 15-207-29330-00-00
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: N2-W3
Phone: 913.285.0127	Spud Date: 3-21-16 Completed: 03-22-16
Contractor License: 34036	Location: SE-NW-NW-NE of 20-24-16E
T.D. : 1096 T.D. of Pipe: 1085	430 Feet From North
Surface Pipe Size: 7" Depth: 42'	2240 Feet From East
Kind of Well: Enc. Rec.	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
7	Soil and Clay	0	7	14	Shale	968	982
7	Lime	7	12	6	Lime	982	988
188	Shale	12	200	2	Shale	988	990
55	Lime	200	255	2	Black Shale	990	992
4	Shale	255	259	3	Lime	992	995
204	Lime	259	463	7	Shale	995	1002
15	Shale	463	478	8	Oil Sand	1002	1010
3	Lime	478	481	34	Shale	1010	1044
50	Shale	481	531	1	Lime	1044	1045
72	Lime	531	603	3	Shale	1045	1048
6	Shale	603	609	1	Lime	1048	1049
2	Lime	609	611	7	Little Oil Sand	1049	1056
2	Black Shale	611	613	40	Shale	1056	1096
18	Lime	613	631				
4	Shale/ Black Shale	631	635				
23	Lime	635	658				
161	Shale	658	819				
3	Lime	819	822		T.D.		1096
23	Shale	822	845		T.D. of pipe		1085
10	Lime	845	855				
59	Shale	855	914				
3	Lime	914	917				
13	Shale	917	930				
4	Lime	930	934				
10	Shale	934	944				
4	Lime	944	948				
2	Black Shale	948	950				
12	Shale	950	962				
6	Lime	962	968				

5534
5439
Invoice # 87313

TICKET NUMBER 50021
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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
3/23/16	2463	Stockerbrand # N2-W3	NE 20	24	16	WO
CUSTOMER D-Roc Oil Co.			TRUCK #			
MAILING ADDRESS PO Box 223			DRIVER			
CITY Yates Center		STATE KS	ZIP CODE			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Casey Kennedy	735-729	Geotay
			467	Ken Car		
			558	Ala Madd		
			804	Art McD		

JOB TYPE Long String HOLE SIZE 5 7/8" HOLE DEPTH 1096' CASING SIZE & WEIGHT 2 1/2"
CASING DEPTH 1084' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.27 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # gel followed by 5 bbls fresh water, mixed & pumped 9 bbls dye marker, mixed & pumped 86 sts. Pozblend IA cement w/ 6% gel per sk, dye marker to surface, mixed & pumped 35 sts Thixobond I cement, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.27 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

PK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	40 mi	MILEAGE	286.00	
CE0711	min tan	mileage	660.00	
CE0711	min	less mileage	660.00	
W52402	3 hrs	Transport	360.00	
		trucks	346.00	
		-50%	173.00	
		Subtotal		1733.00
CC5840	86 sts	Pozblend IA	1161.00	
CC5965	637 #	Gel	189.90	
CC5860	35 sts	Thixobond I	875.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2270.90	
		-50%	1135.45	
		Subtotal		1135.45
		7.5%	SALES TAX	85.15
		ESTIMATED TOTAL		2953.60

Ravin 3737

AUTHORIZATION Ry-M Jew TITLE _____ DATE 3/23/16

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.

(5917 22)