



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1314627
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: _____

1314627

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
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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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CONSOLIDATED
Oil Well Services, LLC

5493
5399

TICKET NUMBER 49951
LOCATION Ottawa, KS
FOREMAN Carey Kennedy

Chanute, KS 66720
9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #801272

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/16/16	2463	Stockbrand #N2-W1	NE 20	24	110	WO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
D-Roc Oil Co. MAILING ADDRESS PO Box 203 CITY Yates Center STATE KS ZIP CODE 66783	729	Caston	✓	Safety Meeting
	467	Kei Car	✓	
	804	Ad McD	✓	
	548	Wickham	✓	755-T201 Geo Tay

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 1077' CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH 1000' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.18 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 95 sks Pozblend IA cement w/ 6% gel per sk, dye marker to surface, mixed & pumped 37 sks Thixoblend I cement, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.18 bbls fresh water, cement to surface, pressured to 800 PSI, well held pressure for 30 min. MIT, released pressure, shut in casing.

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0000	40 mi	MILEAGE	286.00	
CE0711	min	ten mileage	660.00	
CE0711	min	ten mileage	660.00	
WS2400	2 hrs	Transport	240.00	
		trucks	3346.00	
		- 50%	1673.00	
		Subtotal		1673.00
8041 CE5840	95 sks	Pozblend IA cement	1282.50	
CE5965	679 #	Gel	203.70	
9051 CE5860	37 sks	Thixoblend I	925.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2456.20	
		- 50%	1228.10	
		Subtotal		1228.10
		7.5%		
		SALES TAX	92.11	
		ESTIMATED TOTAL		2993.21
		DATE		(5986.42)

Ravin 3737

AUTHORIZATION *[Signature]*

TITLE *[Signature]*

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.

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983	API # 15-207-29326-00-00
Operator: Victor J Leis	Lease: Stockerbrand / D Rock Oil
Address: PO Box 223	Well # N2-W1
Phone: 785-313-2567	Spud Date: 3/11/16 Completed: 3/15/16
Contractor License: 33900	Location: Sec: 20 TWP: 24 R: 16
T.D. 1077 /Set 2 7/8 casing @1067'	430 feet from the North Line of Section
Bit Size: 5 7/8"	
Surface Pipe Size: 8 5/8" Surface Depth: 40'	1320 feet from the East Line of Section
Kind of Well: Enh Rec	County: Woodson

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Lime	996	997
Clay	5	13	Shale	997	1001
Lime	13	16	Shale	1001	1003
Shale	16	48	Broken Oil Sand	1003	1005
Lime	48	50	Shale	1005	1009
Shale	50	201	Broken Oil Sand	1009	1013
Lime	201	265	Broken Oil Sand	1013	1014
Shale	265	270	Lime Cap	1014	1015
Lime	270	459	Pure Oil Sand	1015	1017
Shale	459	491	Broken Oil Sand	1017	1020
Lime	491	494	Broken Sand	1020	1025
Shale	494	528	Shale	1025	1046
Lime	528	660	1 st Cap Rock	1046	1047
Shale	660	819	Shale	1047	1050
Lime	819	823	2 nd Cap Rock	1050	1051
Shale	823	831	Sandy Shale	1051	1060
Lime	831	833	Shale	1060	1077
Shale	833	849			
Lime	849	856			
Shale	856	858			
Gray Sand	858	870			
Shale	870	915			
Lime	915	917			
Shale	917	919			
Lime	919	935			
Shale	935	946			
Lime	946	948			
Shale	948	964			
Lime	964	967			
Shale	967	979			
Lime	979	981			
Shale	981	985			
Lime	985	989			
Shale	989	996			