



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1314631
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: _____

1314631

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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CONSOLIDATED
Well Services, LLC

5496
5402

TICKET NUMBER 49927
LOCATION Ottawa
FOREMAN Alan Made

884, Chanute, KS 66720
31-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 801275

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-17-14	2463	Stockbrand N2-W2	NE 20	24	16	WD	
CUSTOMER D. Roe Oil			TRUCK #		DRIVER		
MAILING ADDRESS P.O. Box 223			730		Alamad Safety Meet		
CITY Yates Center			795		Harber		
STATE KS			369		Mik Hagel		
ZIP CODE 66783			804		Kei Car 548 Alamad		
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	1094	CASING SIZE & WEIGHT	2 7/8 10 lb
CASING DEPTH	1084	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	6.3	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4 bpm
REMARKS: Held meeting Established rate Mixed + pumped 100 # gel followed by 11 bbl dye marker Mixed + pumped 80 sk for blend I-A plus 6% gel. Circulated dye. Mixed + pumped 36 sk Thixo blend I-A. Flushed pump. Pumped plug to casing T.D. circulated 5 bbl cement slurry. Well held 800 PSI. Set back. Closed valve.							

Steve Lewis Drilling
used their water also

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CR04500	1	PUMP CHARGE	495	1500.00
CE0020	40	MILEAGE	495	286.00
CE0711	min	ten miles	804	660.00
CE0711	min	ten miles	548	660.00
WE0853	2 1/2	80 w/c	369	250.00
		Gub		3356.00
		less 50% -		1678.00
9045 CC5860	36sk	Thixo blend I-A	900.00	
CC5840	80sk	Poz blend I-A	1080.00	
CC5965	503#	gel	150.00	
CP8176	1	2 1/2 plug	45.00	
		Gub		2175.00
		less 50% -		1087.50
		7.5%		81.60
		SALES TAX		81.60
		ESTIMATED TOTAL		2847.55

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 3/17/14

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 for [Signature]

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983	API # 15-207-29329-00-00
Operator: Victor J Leis	Lease: Stockerbrand / D Rock Oil
Address: PO Box 223	Well # N2-W2
Phone: 785-313-2567	Spud Date: 3/16/16 Completed: 3/17/16
Contractor License: 33900	Location: Sec: 20 TWP: 24 R: 16
T.D. 1094 TD Set 2 7/8 casing @ 1084'	430 feet from the North Line of Section
Bit Size: 5 5/8"	
Surface Pipe Size: 8 5/8" Surface Depth: 40'	1800 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	Shale	1044	1048
Clay	5	8	2 nd Cap Rock	1048	1049
Lime	8	10	Shale	1049	1051
Shale	10	199	Broken Sand	1051	1060
Lime	199	458	Shale	1060	1094
Shale	458	476			
Lime	476	478			
Shale	478	490			
Lime	490	493			
Shale	493	531			
Lime	531	659			
Shale	659	817			
Lime	817	823			
Shale	823	846			
Lime	846	853			
Shale	853	855			
Gray Sand	855	870			
Shale	870	912			
Lime	912	925			
Shale	925	943			
Lime	943	946			
Shale	946	960			
Lime	960	971			
Shale	971	981			
Lime	981	986			
Shale	986	992			
Lime Cap	992	993			
Shale	993	997			
Broken Oil Sand	997	1003			
Pure Oil Sand	1003	1006			
Broken Oil Sand	1006	1012			
Broken Oil Sand	1012	1016			
Sandy Shale	1016	1043			
1 st Cap Rock	1043	1044			