

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1314633

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec. TwpS. 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:				

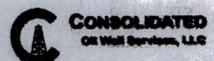


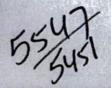
Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in preith final chart(s). Attach	ssure reached stati	c level, hydrosta	itic pressures, bott		
		otain Geophysical Data a or newer AND an image t		gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	ogical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-			ion, 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
_	5 "	ADDITIONAL	CEMENTING / SQU	EEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
	ılic fracturing treatment or	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydra	aulic fracturing treatment ex submitted to the chemical of	=	= =	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify Fo	N RECORD - Bridge Plug potage of Each Interval Perl	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	N Open Hole		Comp. Cor	mmingled	PRODUCTIO	DN INTERVAL:
(If vented, Sub	omit ACO-18.)	Other (Specify)	(Submit A	(Sub	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Leis, Victor J.
Well Name	STOCKEBRAND N1-W4
Doc ID	1314633

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10	7	23.5	42	PORT	10	NA
Production	5.875	2.5	6.5	1085	OWC	125	NA





TICKET NUMBER LOCATION O Have FOREMAN Fred Made

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

FIELD TICKET & TREATMENT REPORT

CEMENT COUNTY RANGE WELL NAME & NUMBER SECTION TOWNSHIP CUSTOMER# DATE 24 3-25-16 VE ZO 2463 CUSTOMER TRUCK# DRIVER TRUCK# DRIVER MAILING ADDRESS mikHa Fre Mad 712 467 Hei Cor ZIP CODE Kei Det 675 125 ity I Mos 66783 804 CASING SIZE & WEIGHT 2 1/2 EUE HOLE DEPTH CASING DEPTH TUBING CEMENT LEFT IN CASING 24"Plus SLURRY WEIGHT SLURRY VOL WATER gal/sk

800 × 151-

good As I on well for 30 MM.

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	y its the	PUMP CHARGE 467	15005	
6 E000 Z	40 mi	MILEAGE 467	2860	
CEOTH	Minimum	You miles belivery #604	6600	
CEOTH	minimum	Tou Miles Dalivery \$558	66000	
WE0858	23 hrs	80 ABL Vac Truck \$675	2500	
	To the same	Sub Total	335600	
	4 to 14	Less 50%	-16785	1678°
CC 5140	90585	Por Bland I A Count	121500	
PC 5860	BESES	Third bland IA Caputal	875	
12 5965	554#		16620	
CP \$176	4	Boutonite Cal 25 Rubber Plug	4500	
		Sub Total	230120	
		hess 60%	11,500	1150 0
		7.678	SALES TAX	8630
Revin 3737	P= m =1	AND TIME	TOTAL DATE	291490

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 fo

AUTHORIZTION Ka-



LEIS OIL SERVICES



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

Operator License #: 5983	API #: 15-207-29327-00-00
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: N1-W4
Phone: 913.285.0127	Spud Date: 3-23-16
Contractor License: 34036	Location: NW-SW-NW-NE of 20-24-16E
T.D.: 1090 T.D. of Pipe: 1085	920 Feet From North
Surface Pipe Size: 7" Depth: 42'	2610 Feet From East
Kind of Well: Enc. Rec.	County: Woodson

LOG

Thickness	Strata	From	То	Thickness	Strata	From	То
12	Soil and Clay	0	12	9	Lime	971	980
5	Lime	12	17	7	Shale	980	987
186	Shale	17	203	5	Lime	987	992
55	Lime	203	258	14	Shale	992	1000
7	Shale	258	265	12	Very broken oil sand	1006	1018
200	Lime	265	465	72	Shale	1018	1090
16	Shale	465	481				
8	Lime	481	489				
45	Shale	489	534				
71	Lime	534	605				
6	Black Shale	605	611				
2	Lime	611	613				
8	Shale	613	621				
13	Lime	621	634				
4	Shale/ Black Shale	634	638				
25	Lime	638	663				
160	Shale	663	823				
4	Lime	823	827		T.D.		109
16	Shale	827	843		T.D. of pipe		108
12	Lime	843	855				
62	Shale	855	917				
3	Lime	917	920				
8	Shale	920	928				
12	Lime	928	940				
5	Shale	940	945				
2	Lime	945	947				
3	Shale	947	950				
4	Lime	950	954				
17	Shale	954	971				