



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1314633
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: _____

1314633

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

5547
5451

TICKET NUMBER 50015
LOCATION Ottawa KS
FOREMAN Fred 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
3-25-16	2463	Stackbrand # N1-W4	NE 20	24	16	WA
CUSTOMER			TRUCK #			
D-Roc Oil Co			712			
MAILING ADDRESS			DRIVER			
P.O. Box 223			Fred Mader			
CITY			TRUCK #			
Yates Center			467			
STATE			DRIVER			
KS			Kei Car			
ZIP CODE			TRUCK #			
66783			675			
			DRIVER			
			Kei Del			
			TRUCK #			
			804			
			DRIVER			
			Fred Mader			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1090 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1085 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 6.3 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold safety waiting. Establish circulation. Mix Pump 100# Gel flush. Pump 8 1/2 130L Teal dye. Mix Pump 90 sks Por Blend IA Cement 6% Gel. Follow w/ 35 sks Thixobland IA Cement. Flush pump & lines clean. Displace 2 1/2" Rubber Plug to casing TD pressure to 800# PSI. Release pressure to set float valves.

Note! Monitor 800# PSI on well for 30 min. MIT.
Matt Heis Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500.00
CE0002	40 mi	MILEAGE	467	286.00
CE0711	Minimum	Ten Miles Delivery	*504	660.00
CE0711	Minimum	Ten Miles Delivery	*558	660.00
WE0853	2 1/2 hrs	80 ABL Vac Truck	*675	250.00
		Sub Total		3356.00
		Less 50%		-1678.00
				1678.00
CC5840	90 sks	Por Blend IA Cement		1215.00
CC5860	35 sks	Thixobland IA Cement		875.00
CC5965	554#	Blaukayite Gel		166.20
CP8176	1	2 1/2" Rubber Plug		45.00
		Sub Total		2301.20
		Less 50%		-1150.60
				1150.60
		7.5%	SALES TAX	86.20
			ESTIMATED TOTAL	2914.20

Revis 3757

AUTHORIZATION R. M. Fair TITLE _____ DATE 5829.79

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



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 Completed: 03-24-16
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	To	Thickness	Strata	From	To
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	1006
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.		1090
16	Shale	827	843		T.D. of pipe		1085
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				