



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1316095
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: _____

1316095

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

6953 / 6250

TICKET NUMBER 50207

LOCATION Ottawa KS

FOREMAN Fred Madir

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #808222

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-29-16	6370	Kuaba "C" # 8 I	NW 32	14	22	JO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Petroleum Technologies Mailing Address 801 West 47th St. Ste 412 City: Kansas City, State: MO, ZIP Code: 64112	712	Fred Madir		
	368	Art McD		
	675	Ken Det		
	503	Mik Haa		

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 971 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 951 DRILL PIPE Baffle in TUBING 941 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' & Plug
 DISPLACEMENT 5.47 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.8 PPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix & Pump 100#
Gal flush. Mix & Pump 113 sks per Blend I A Cement & 2%
Gal 1/4# Flo Seal/sk. Cement to surface. Flush pump & lines clean
Displace 2 1/2" Rubber plug to Baffle. Pressure to 800 PSI.
Monitor pressure for 30 min MIT. Release pressure to set
Floor valve. Shut in casing.

Evans Energy Dev. Inc.

Fred Madir

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368	1500 ⁰⁰
CE0002	25	MILEAGE	368	178 ⁷⁵
CE0711	Minimum	Ten Miles Delivery	503	660 ⁰⁰
WE0853	2 hrs	80 BBL Vac Truck	675	2100 ⁰⁰
		Trucks.		2534 ²⁵
		Less 60%		-1523 ²⁵
				1015 ⁵⁰
CC5840	113 sks	Por Blend I A Cement		1525 ⁵⁰
CC5968	290 [#]	Bentonite Gel		87 ⁰⁰
CC6075	29 [#]	Flo. Seal		58 ⁰⁰
CP8176	1	2 1/2" Rubber Plug		45 ⁰⁰
		Sub Total		1715 ⁵⁰
		Less 60%		-1029 ²⁰
				686 ³⁰
		7.725%	SALES TAX	53 ⁰¹

Ravin 3737 ESTIMATED TOTAL \$1754²¹
 AUTHORIZATION _____ TITLE _____ DATE (4389²⁷)

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



**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive

Paola, KS 66071

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Petroleum Technologies, Inc.

Knabe C #8i

API #15-091-24,426

July 28 - July 29, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
55	shale	60
11	lime	71
8	shale	79
8	lime	87
12	shale	99
21	lime	120
19	shale	139
27	lime	166
4	shale	170
18	lime	188
12	shale	200
27	lime	227
14	shale	241
9	lime	250
21	shale	271
8	lime	279
9	shale	288
2	lime	290
43	shale	333
6	lime	339
3	shale	342
20	lime	362
5	shale	367
21	lime	388
3	shale	391
14	lime	405 base of the Kansas City
24	shale	429
7	sand	436
142	shale	578
7	lime	585
12	shale	597
8	lime	605
13	shale	618
6	lime	624
40	shale	664
3	lime	667
50	shale	717
2	lime	719
26	shale	745

4	broken sand	749
113	shale	862
4	limey sand	866
7	oil sand	873
6	limey sand	879
92	shale	971 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 971'

Set 22.4' of 7" casing cemented with 6 sacks cement.

Set 951' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffel at 941'.