



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1316105
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: _____

1316105

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
Oil Well Services, LLC

6432
6337

TICKET NUMBER 50293
LOCATION Ok Jawa KS
FOREMAN Fred Maden

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 000328

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-9-16	6370	Kuaba "C" #14A	NW 32	14	22	JO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Petroleum Technologies Inc MAILING ADDRESS 801 West 47 th St. Ste 412 CITY Kansas City STATE Mo. ZIP CODE 64112	712	Frc Mad		
	467	Kai Car		
	675	Kai Del		
	503	ArL Mad		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 904 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 884 DRILL PIPE Baffle TUBING @ 875' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 8' Ply
 DISPLACEMENT 5.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rates. Mix Pump
100# Gel Flush. Mix Pump 116 sks Por Blend IA Cement
2% Gel 44# Flo Seal/sk. Cement to surface. Flush pump &
line clean. Displace 2 1/2" Rubber plug to Baffle in casing.
Pressure to 800# PSI. Release pressure to set float valve.

Evans Energy Dev. Inc -

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467 1500 ⁰⁰	
CE0002	25 mi	MILEAGE	467 125 ⁷⁵	
CE0211	Minimum	Ten Miles Delivery	503 660 ⁰⁰	
WE0853	1 1/2 hr	80 BBL Vac Truck	675 150 ⁰⁰	
		Sub Total	2488 ²⁵	
		less 60%	-1493 ²⁵	995 ⁰⁰
CC5840	116 SKS	Por Blend IA Cement	1566 ⁰⁰	
CC5965	295#	Bentonite Gel	88 ⁵⁰	
CC6075	29	Cello Flake	58 ⁰⁰	
CA8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total	1757 ⁵⁰	
		less 60%	1054 ⁵⁰	703 ⁰⁰
		7.725%	SALES TAX	54 ³¹
		ESTIMATED TOTAL		1752 ⁸¹

Ravin 3737

AUTHORIZATION _____ DATE _____ TITLE _____ DATE (4436 33)

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



11 Lewis Drive

Paola, KS 66071

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

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Petroleum Technologies, Inc.

Knabe C #14A

API #15-091-24,432

August 5 - August 9, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
3	shale	15
3	lime	18
5	shale	23
16	lime	39
4	shale	43
9	lime	52
11	shale	63
20	lime	83
20	shale	103
24	lime	127
9	shale	136
24	lime	160
9	shale	169
24	lime	193
16	shale	209
6	lime	215
21	shale	236
9	lime	245
4	shale	249
8	lime	257
30	shale	287
36	lime	323
6	shale	329
26	lime	355
3	shale	358
15	lime	373 base of the Kansas City
174	shale	547
4	lime	551
20	shale	571
5	broken sand	576
29	shale	605
3	lime	608
22	shale	630
5	lime	635
51	shale	686
4	lime	690
20	shale	710
6	broken sand	716
51	shale	767

2	lime	769
61	shale	830
9	limey sand	839
2.5	limey sand	841.5
4.5	shale	846
2.5	broken sand	848.5
55.5	shale	904 TD

Drilled a 9 7/8" hole to 22.8'

Drilled a 5 5/8" hole to 904'

Set 22.8' of 7" casing cemented with 6 sacks cement.

Set 884' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffel at 878'.