



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1320743
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: _____

1320743

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> _____				
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

TICKET NUMBER 51582
LOCATION Oakla, Ks
FOREMAN Walt Dinkal

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	
9-30-16		RGE Brunswig SWD#1	7	25	41 ^W	Ken Cheyenne	
CUSTOMER <u>Excell Services</u>		MAILING ADDRESS <u>Atwood West to Hwy 27 north to Rd W 2-W-n.s</u>		TRUCK # <u>753</u>	DRIVER <u>miles Spaul</u>	TRUCK # <u>772-T129</u>	DRIVER <u>Kieth C. Russell</u>
CITY	STATE	ZIP CODE					

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 3570' CASING SIZE & WEIGHT 5 1/2-17#
CASING DEPTH 3586 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 5-6 BPM

REMARKS: Safety meeting, run casing to Bottom, Rig up to casing, Circ Pump 500gal Mud Flush, mix 30 sks in R.H., 20 sks in L.H. mixed 260 sks multi-density + 100 sks com, clear Pump + Lines release Plug + Displace 80 BBL H₂O @ 1000#, Landced Plug @ 1500#, release Pressure Float Held

Cement Did Circ

Thank You
Walt + Excel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CC0453	1	PUMP CHARGE	2,800 ⁰⁰	2,800 ⁰⁰
CC0007	75	MILEAGE	7 ¹⁵	536 ³⁵
CC0710	19.27	Ton Mileage Delivery	1 ¹⁵	2,529 ¹⁵
CC5800	100 sks	Class A	20 ⁰⁰	2,000 ⁰⁰
CC5855	310 sks	multi-density 1 "A"	27 ⁰⁰	8,370 ⁰⁰
CC6075	155 #	Flo-Seal	3 ⁰⁰	465 ⁰⁰
CC6125	500 gal	mud Flush	1 ⁰⁰	500 ⁰⁰
				19,989 ⁰⁰
		45% Disc		8,995 ⁰⁰
				10,993 ⁹⁵
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3797

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.

PIPE TALLY **EXCELL SERVICES, INC.**

DATE **9-20-16**

SIZE **8 3/8** RECEIVED ON CAR OR TRUCK NO. FROM **EXCELL YARD** DATE REC'D

SENT TO **RGE Bronswig 1** ON CAR OR TRUCK NO. DATE SENT

TRANSFER OR ORDER NO. WEIGHT **24** GRADE THREAD COUPLING CONDITION
 NEW FAIR
 GOOD JUNK

	INCH		INCH		INCH		INCH		INCH	
	FEET	INCHES	FEET	INCHES	FEET	INCHES	FEET	INCHES	FEET	INCHES
1	38	90								
2	42	30								
3	42	19								
4	27	62								
5	26	62								
6	42	30								
7	43	90								
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
TOT.	263	83								

TOTALS	PIECES	FEET	INCHES	REMARKS
COL. NO. 1				
COL. NO. 2				
COL. NO. 3				
COL. NO. 4				
COL. NO. 5				
TOTALS THIS PAGE				SIGNED <i>[Signature]</i>

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 51460
LOCATION Oakley, KS
FOREMAN Miles Stearns

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

FIELD TICKET & TREATMENT REPORT

CEMENT

US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20-16	2624	R6FBunSWis SWD #1	7	2S	41W	Cherokee
CUSTOMER Excel Oil & Gas			SECTIONS North Hwy 27 + 40W 1W			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			STATE	ZIP CODE	Winko	
			753	Miles Stearns		
			566	Harold B		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 275' CASING SIZE & WEIGHT FSK"
 CASING DEPTH 273' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 16 bbl/s DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Solow meeting and rig upon Excel Ris #10 Circulate casing mix 190
Sx Class A cement with 3% colium 28 gal displace 16 bbl/s water shut in
Cement did circulate 3 bbls to pit

Thanks Miles crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CF6971	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
CF1067	75	MILEAGE	7.15	536.25
CF0710	8.93 tons	Tom Malone Delivery	1.75	1172.06
CF5871	1905x	Surf for blind II 3% colium 28 gal	23. ⁰⁰	4370
			Subtotal	7228.31
			less 35% discount	2529.90
			Subtotal	4698.41
			less 35% discount	
			SALES TAX	
			ESTIMATED TOTAL	

[Signature]

AUTHORIZATION _____ TITLE _____ DATE _____

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.

PIPE TALLY

EXCELL SERVICES, INC.

DATE 9/30/16

SIZE 5 1/2" RECEIVED ON CAR OR TRUCK NO. FROM Excell Yard DATE REC'D

SENT TO RGE Brunsw. Co. SWD #1 ON CAR OR TRUCK NO. DATE SENT

TRANSFER OR ORDER NO. WEIGHT GRADE 17 LB THREAD 8RD COUPLING LTC CONDITION NEW FAIR GOOD JUNK

10.80

	INCH		INCH		INCH		INCH		INCH	
	FEET	INCHES	FEET	INCHES	FEET	INCHES	FEET	INCHES	FEET	INCHES
1	38	20	36	85	37	03	37	36	35	86
2	38	66	34	62	34	80	37	28	35	47
3	38	30	38	31	37	96	38	79	38	12
4	38	38	37	86	36	08	38	32	38	23
5	37	91	38	74	37	44	38	76	38	—
6	37	48	37	30	37	77	34	20	38	71
7	38	64	38	14	38	04	34	30	36	77
8	37	42	36	70	38	30	38	69	38	16
9	38	45	38	01	37	68	38	28	37	25
10	34	78	37	59	38	15	37	10	35	30
11	37	88	37	34	37	84	34	69	36	86
12	38	34	36	02	36	12	37	48	37	73
13	37	53	36	—	38	08	35	80	38	01
14	36	20	37	90	37	52	38	07	38	72
15	37	36	38	85	38	10	38	68	37	96
16	38	44	37	70	37	21	37	10		
17	36	27	37	81	38	36	38	22		
18	37	46	36	07	38	38	36	05		
19	38	48	38	37	38	07	38	67		
20	38	00	38	68	37	15	37	34		
TOT.	754	15	748	86	750	08	754	12	561	10

TOTALS	PIECES	FEET	INCHES	REMARKS
COL. NO. 1				TD 3570
COL. NO. 2				
COL. NO. 3				Rad 95 JTS MPASOLING
COL. NO. 4				3568.31 SAT @
COL. NO. 5				3570'
TOTALS THIS PAGE				SIGNED

3568.31

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