

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1327908
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: _____

1327908

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

P.O. Box 884, Chanute, KS 66720
620-431-9210 or 800-467-9676

This is Pray SWD T.R. 6798 Field file doc 6698

TICKET NUMBER 51422
LOCATION EL 60100
FOREMAN Fuzz

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 808760

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-3-16	9999	Hart B-46 2440	31	33	6E	Cowley
CUSTOMER Karnley Oil			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS 910 Pine Pine			603	Tracey		
CITY Chanute			713	Jeremy		
STATE KS			725	Fuzz		
ZIP CODE 66720						

JOB TYPE B-side HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 3 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" Hydril @ 370' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Chanute well service. Rig up and load B-side & tub. 1" tub set @ 370' cement to surface w/ 115 s/s 60/40 pos 49 gal 190cc with 4 poly flake cement did circulate

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	65	MILEAGE	7.15	464.25
CE0711	5 days	Tow mileage Delivery (misc)	660.00	660.00
CE02011	370'	1" Hydril pipe (rental)	5.00	1850.00
CC5929	1020	60/40 pos 49 gal	16.00	16320.00
CC5325	100#	Calcium chloride	1.00	100.00
CC6025	25#	Poly-flake	2.00	50.00
			of subtotal	2464.75
			discounted total 45%	2,904.73
				3555.62
			SALES TAX	73.88
			ESTIMATED TOTAL	3,629.50

SCANNED

AUTHORIZATION [Signature] TITLE Contract lease supervisor 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.



CONSOLIDATED
Oil Well Services, LLC

This is Pray SWD 6799 Field for doc 6699 T.R.

TICKET NUMBER 51423
LOCATION ELorado
FOREMAN Fuzzy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 908769

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-3-16	9999	Hunt B-6 0440	31	33	6E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Raney Oil			603	Tracon		
MAILING ADDRESS			667	Jeremy		
9010 Ave			692	Mark		
CITY	STATE	ZIP CODE	725	Fuzzy		
Chanute	KS	66720				

JOB TYPE Work HOLE SIZE 5 1/2 HOLE DEPTH 2067 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 2067 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 15.80
 DISPLACEMENT 32.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Chanute Well Service. Rig up and load casing and establish circulation. Pump 453L Dye water. Mix 100% class 'A' 4% CaCl₂, 1/4% FL-115, 1/2% CBI-26, 1/4% CAF-38. Wash pump and lines. Drop plug and displace 32 1/4 bbl. Lost press 1150* hand plug @ 1400* float held. Re-press casing to 150* and shut in.

Cement did circulate approx 10 bbl top

Thanks Fuzzy crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
60451	1	PUMP CHARGE	1900.00	1900.00
60002	65	MILEAGE	7.15	N/C
60711	4.740N	Tow mileage delivery (min)	660.00	660.00
60853	4 hrs	800AC	100.00	400.00
606159	3000 gal	city water	.02	60.00
65800A	10122 100 gals	Class 'A'	20.00	2000.00
65325	70*	Calcium Chloride	1.23	87.50
65965	376	Gel	.30	112.80
66023	50*	FL-115 C	20.00	1000.00
66000	50*	CBI-26	7.83	392.50
66155	25*	CAF-38	10.20	255.00
68253	1	4 1/2" hand down plug Assy	340.00	340.00
68350	1	4 1/2" Plug Joint non-fill standee	405.00	405.00
				7612.80
			50% less discount	3806.40
			subtotal	3806.40
			SALES TAX	157.04
			ESTIMATED TOTAL	3,963.44

SCANNED

AUTHORIZATION [Signature] TITLE Contract Manager Supervisor 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.