

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1351485  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1351485

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
--	---

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Shelby Resources LLC
Well Name	FROETSCHNER 1-27 OWWO
Doc ID	1351485

All Electric Logs Run

Radial and Log
Dual Induction
Compensated Neutron
Micro
Sonic





# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 100

Date	7-30-14	Sec.	27	Twp.	21	Range	17	County	Pawnee	State	Ks	On Location		Finish	2:30 PM
------	---------	------	----	------	----	-------	----	--------	--------	-------	----	-------------	--	--------	---------

Lease Vaughn Trust Well No. 1-27 Location Larned, Ks - 4W, 1/2N, E15

Contractor	<u>Stirling #4</u>	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job	<u>Surface</u>	Charge To	<u>Shelby Resources</u>

Hole Size	<u>12 1/4"</u>	T.D.	<u>1058'</u>	Street	
Csg.	<u>8 5/8"</u>	Depth	<u>1043'</u>	City	
Tbg. Size		Depth		State	

Tool Depth \_\_\_\_\_ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 32.80' Shoe Joint 32.80' Cement Amount Ordered 400 60140 3% CC 2% Gel

Meas Line Displace 64 1/2 BLS 1/4# Flo-seal

EQUIPMENT			
Pumptrk	No.	Cement Helper	<u>Lonnie W.</u>
Bulktrk	No.	Driver	<u>Taylor</u>
Bulktrk	No.	Driver	<u>Rick</u>

JOB SERVICES & REMARKS	
------------------------	--

Remarks:	<u>Cement did Circulate.</u>
Rat Hole	
Mouse Hole	
Centralizers	
Baskets	
D/V or Port Collar	
Handling	<u>414</u>
Mileage	

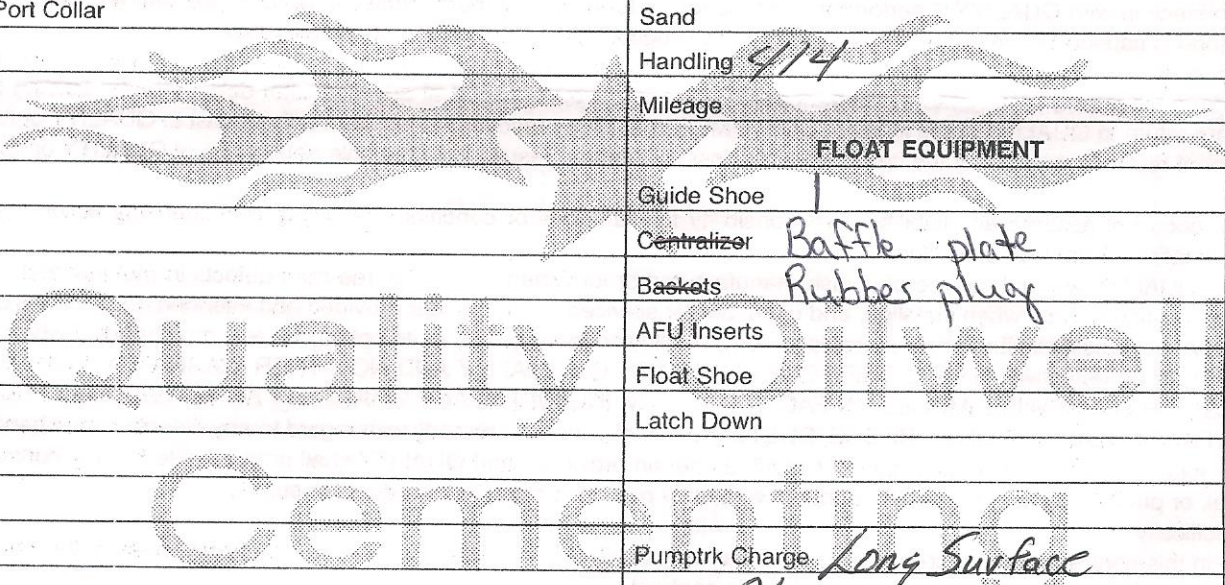
### FLOAT EQUIPMENT

Guide Shoe	<u>1</u>
Centralizer	<u>Baffle plate</u>
Baskets	<u>Rubber plug</u>
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge Long Surface

Mileage 26

Signature	<u>[Signature]</u>	Tax	
		Discount	
		Total Charge	





Customer Shelby Resources LLC		Lease No.		Date 11-17-16	
Lease Fruetschener owku		Well # 1-27			
Field Order # 14687	Station Pratt	Casing 5 1/2	Depth 4209	County Pawnee	State KS
Type Job 242 5 1/2 long string			Formation	Legal Description 27-21-17	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 150 SAs	AA-2	RATE 290	PRESS 13000	ISIP	
Depth 3973.64	Depth	From	To	Pre Pad 100 SAs 60/40	Max			5 Min.	
Volume 74.6	Volume	From	To	Pad	Min			10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg			15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure	
Plug Depth 3954.23	Packer Depth	From	To	Flush 94.3	Gas Volume			Total Load	

Customer Representative Chris Gottschalk	Station Manager Kevin Gordin	Treater Mike Mattui
---	---------------------------------	------------------------

Service Units 37586	84980	19843	19889	19918
Driver Names Mattui	McQuinn		Bohrer	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:15 AM					ON location, safety meeting
9:05					Ran 5 1/2 15.5 csng w. packer shoe
					74150s on 2, 4, 7, 9, 11, 14
11:20					csng on bottom
11:30					hook to csng / Break circ w. rig
12:26	1800		-	-	Set Packer shoe
12:26	300		11	4	Mix 50 SAs sealer
12:29	300		36	4	Mix 150 SAs AA-2
12:38			4	3	WASH pump + line / release plug
12:41	150		-	6	START DISPLACEMENT
12:53	250			5.5	lift pressure
12:56	650		84	3	slow rate
1:00	1500			94.3	plug down, released + hold
1:10			7.5		plug lat + mouse hold
					CZRC thru job
					JOB complete
					THANK YOU!
					Mike Mattui
					Mike + Huck

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Pat Apple, Chairman  
Shari Feist Albrecht, Commissioner  
Jay Scott Emler, Commissioner

Sam Brownback, Governor

April 11, 2017

Cris ottschalk  
Shelby Resources LLC  
13949 W COLFAX AVE BLDG 1 STE 120  
LAKEWOOD, CO 80401-3248

Re: ACO-1  
API 15-145-21777-00-01  
FROETSCHNER 1-27 OWWO  
NW/4 Sec.27-21S-17W  
Pawnee County, Kansas

Dear Cris ottschalk:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/16/2016 and the ACO-1 was received on April 11, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department