

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1354230  
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: \_\_\_\_\_

1354230



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

<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Lone Jack Oil Company  
Blue Mound, KS

AC01

1-913-756-2307 1-620-363-0492

Lease: Breuel Operator: Rolling Meadows Oil and Gas API # 15-107-25196-00-00

Contractor: Lone Jack Oil Company Date Started: 2/27/17 Date Completed: 3/1/17

Total Depth: 602 feet Well # 27 Hole Size: 5 5/8

Surface Pipe: 20' 6 1/4" Surface Bit: 9 7/8 Sacks of Cement: 5

Depth of Seat Nipple: \_\_\_\_\_ Rag Packer At: \_\_\_\_\_

Length and Size of Casing: 598' 2 7/8 Sacks of Cement: 60

Legal Description: SW NW SE SE Sec: 9 Twp: 21 Range: 22E County: Linn

Thickness	Depth	Type of Formation	Thickness	Depth	Type of Formation
1	1	Top Soil	1	577	Oil Sand (Good)
3	4	Clay	2	579	Sandy Shale
1	5	Sand Rock	5	584	Oil Sand (Good)
2	7	Lime	18	602	Black Shale
11	18	Sand Rock		602	TD
9	27	Shale			
3	30	Lime			
16	46	Shale			
2	48	Lime			
2	50	Shale			
1	51	Lime			
1	52	Shale			
6	58	Lime			
26	84	Shale			
7	91	Lime			
7	98	Shale			
43	141	Lime			
7	148	Shale			
16	164	Lime			
7	171	Shale			
4	175	Lime			
4	179	Shale			
4	183	Lime			
168	351	Shale			
27	378	Lime			
54	432	Shale			
11	443	Lime			
5	448	Shale			
4	452	Lime			
5	457	Shale			
4	461	Lime			
29	490	Shale			
12	502	Lime			
12	514	Shale			
5	530	Lime			
29	550	Shale			
14	561	Sandy Shale			
5	567	Broken Sand			
1	568	Oil Sand (Little Oil)			
5	571	Oil Sand (Good Bleed)			
3	576	Oil Sand (Shaley)			

5  
20  
11  
10  
571

**Lone Jack Oil Company**  
**509 East Walnut**  
**Blue Mound, KS 66010**

ACO1

# Invoice

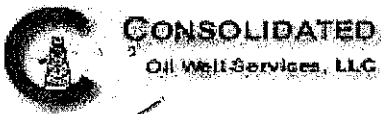
Date	Invoice #
3/6/2017	1796

<b>Bill To</b>
Rolling Meadows Oil & Gas c/o Kelly Peterson 25145 Metcalf Road Louisburg, KS 66085

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	<b>Breuel Lease, Well #27</b>		
20	Set Surface, 20 feet	15.00	300.00
582	Well Drilling, 582 feet	5.50	3,201.00
1	Running Long String 2 7/8	150.00	150.00
	Sales Tax	6.15%	0.00
		<b>Total</b>	<b>\$3,651.00</b>

3-30-17  
PAID CHECK # 5022  
# 8173.25



Consolidated Oil Well Services, LLC  
 Dept: 970  
 P.O. Box 4346  
 Houston, TX 77210-4346

ACO1

P.O. Box 884  
 Chanute, KS 66720  
 620/431-9210, 1-800/467-8676  
 Fax 620/431-0012

Invoice

Invoice#

809754

Invoice Date: 03/07/17

Terms: Net 30

Page 1

Rolling Meadows

15251 County Road 1077  
 Centerville KS 66014  
 USA

breul #27

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	40.000	900.00
CE0002	Equipment Mileage Charge - Heavy Equipment	20.000	7.1500	40.000	85.80
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	40.000	396.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	40.000	120.00
CC5860	ThixdoBlend I	65.000	25.0000	40.000	975.00
CC5965	Bentonite	100.000	0.3000	40.000	18.00
CC6075	Celloflake	33.000	2.0000	40.000	39.60
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	40.000	27.00

Subtotal 4,269.00

Discounted Amount 1,707.60

SubTotal After Discount 2,561.40

Amount Due 4,383.79 If paid after 04/06/17

Tax: 68.87

Total: 2,630.27

OK KP

ACO1



**CONSOLIDATED**  
Oil Well Services, LLC

REMIT TO  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE

P.O. Box 884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Currency: \$

**Rolling Meadows**  
15251 County Road 1077  
Centerville KS 66014

Account No.  
6946

Statement  
Date

4/4/2017

Terms  
Net 30

Prior Period Balance

Document	BP Ref. No.	Post. Date	Due Date	Details	Amount	Balance
IN 809754	breul #27	03/07/17	04/06/17	A/R Invoices - 6946	2,630.27	2,630.27
<b>Total</b>						<b>\$ 2,630.27</b>

	Balance Due	Future Remit	0 - 30	31 - 60	61 - 90	91 - 120	121+
<b>Total</b>	2,630.27		2,630.27				

Aging (%)	100.000 %	100.000 %
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