

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1354406
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: _____

1354406

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> _____
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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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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

May 11, 2017

Willard McAndrew
E-Land Ventures, LLC
6009 W. PARKER RD. #149-273
PLANO, TX 75093

Re: ACO-1
API 15-015-24079-00-00
FLEMING 1
SE/4 Sec.30-28S-06E
Butler County, Kansas

Dear Willard McAndrew:

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 12/14/2016 and the ACO-1 was received on May 10, 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

Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
12/16/2016	3081

Bill To	
E-Land Ventures LLC 6009 W Parker Rd, #149-273 Plano, TX 75093	
Customer ID#	1226

Job Date	12/14/2016
Lease Information	
Fleming #1	
County	Butler
Foreman	RM

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C101	Cement Pump-Surface	1	840.00	840.00
C107	Pump Truck Mileage (one way)	15	3.95	59.25
C200	Class A Cement-94# sack	115	15.00	1,725.00T
C205	Calcium Chloride	310	0.60	186.00T
C206	Gel Bentonite	205	0.20	41.00T
C209	Flo-Seal	25	2.25	56.25T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
C506	8 5/8" Centralizer	3	65.00	195.00T
D101	Discount on Services		-62.21	-62.21
D102	Discount on Materials		-110.17	-110.17T

We appreciate your business!

Subtotal	\$3,275.12
Sales Tax (6.75%)	\$141.28
Total	\$3,416.40
Payments/Credits	\$0.00
Balance Due	\$3,416.40

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **3081**
 Foreman Russell McCoy
 Camp Eureka

ARJ 15-015-24079-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-14-16	1026	Fleming # 1	30	28	6	Butler	Ks
Customer E-LAND Ventures L.L.C.			Unit #	Driver	Unit #	Driver	
Mailing Address 6009 W. Parker RD. # 149-273			104	Alan M			
City PLANO			112	Steve			
State TX		Zip Code 75093					

Job Type SURFACE Hole Depth 262' Slurry Vol. 29 Bbl Tubing _____
 Casing Depth 252' G.L. Hole Size 12 1/4 Slurry Wt. 15.2 Drill Pipe _____
 Casing Size & Wt. 8 5/8 24 # Cement Left in Casing 20 Water Gal/SK 6.5 Other _____
 Displacement 15 1/2 Bbl Displacement PSI _____ Bump Plug to _____ BPM 5

Remarks: Safety Meeting, Rig to 8 5/8 casing, 5 Bbl to Break circulation
Mix + Pump 115 SKs Reg class (A) w/ 3% CC 2% Gel 1/4 # Flocc
= 27 Bbl Slurry. Displace w/ 15 1/2 Bbl water. Leave 20' cement in casing
8 5/8 casing, 2 Bbl cement slurry to pit. Close 8 5/8 in w/ swedge + valve.
Job complete, Tear Down. Thank you
Russ + crew

Note 6 Joints casing total centralizers on collars # 1 # 2 # 4

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-101	1	Pump Charge	840.00	840.00
C-107	15	Mileage	3.95	59.25
C-200	115	SKs Reg class A cement	15.00	1725.00
C-205	310 #	CC = 3%	186.00	186.00
C-206	205 #	Gel = 2%	20.00	41.00
C-207	25 #	Flocc 1/4 # P-13K	2.25	56.25
C-108	5.17	Tow's Tow mileage	M/L	345.00
C-506	3	8 5/8 centralizers	65.00	195.00
C-790		Thread lock kit (DIL NOT USE)	30.00	
				3,447.50
			- 5%	< 179.82 >
			Sales Tax	148.72

Authorization [Signature] Title Rig owner Total 3416.20

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.