

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1369117
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1369117

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			
Geologist Report / Mud Logs	<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)*

Date of first Production/Injection or Resumed Production/Injection:	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>			PRODUCTION INTERVAL: Top _____ Bottom _____	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
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Fueling American Prosperity™

Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes

Isaac Burbank

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

Well Log

Magnum Exploration Kansas, LLC

Thrasher #6

Sec. 25 Twp. 13 Rng. 20

15-045-22250-00-00

12/26/14

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
6	Soil and Clay	6	
17	Sandstone	23	
43	Shale	66	
1	Lime	67	
8	Shale	75	
14	Sandstone	89	Brown and gray, makes water: approx 3 gal/min
28	Sandstone	117	Hard grey
1	Lime	118	
1	Shale	119	
3	Lime	122	
3	Shale	125	
17	Lime	142	
6	Shale	148	
7	Lime	155	
14	Shale	169	
18	Lime	187	
36	Shale	223	
13	Lime	236	
7	Shale	243	
17	Lime	270	
34	Shale	304	
12	Lime	316	
1	Shale	317	
12	Lime	329	
8	Shale	337	
11	Lime	348	
17	Shale	365	
16	Lime	381	
4	Shale	385	
2	Lime	387	
1	Shale	388	

32	Lime	420	
7	Shale	427	
24	Lime	451	
4	Shale	455	
3	Lime	458	
5	Shale	463	
6	Lime	469	
4	Shale	473	
2	Lime	475	Base of Kansas City
145	Shale	620	
5	Silty Shale	625	
13	Shale	638	
6	Lime	644	
4	Shale	648	
2	Lime	650	
6	Shale	656	
13	Lime	669	
18	Shale	687	
3	Lime	690	
5	Shale	695	
1	Lime	696	
33	Shale	729	
2	Silty Shale	731	
2	Oil Sand	733	Brown sand, good bleed with thin lime streaks.
2	Broken Sand	735	90% brown sand, good bleed, 10% shale
3	Oil Sand	738	Brown Sand, light bleed
2.5	Broken Sand	740.5	20% brown sand, 80% shale, minimal bleed
9.5	Silty Shale	750	
11	Lime	761	
33	Shale	784	
2	Silty Shale	786	
1	Broken Sand	787	20% brown sand, 80% shale, light show
10	Silty Shale	797	
5	Sand	802	Brown, no oil show
15	Silty Shale	817	
21	Shale	838	TD

Drilled an 11" hole to 44'
Drilled a 5 5/8" hole to 838'

Set 44' of 7" surface casing, cemented with 14 sacks of cement.

Set 804.5' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.
Baffle set at 773'.



CONSOLIDATED
SERVICE, LLC

PO Box 684, Chanute, KS 67220
620-431-9210 or 800-467-8676

API 15-045-22250.00.00

TICKET NUMBER 50774

LOCATION Off gas

FOREMAN Alan Madee

FIELD TICKET & TREATMENT REPORT
CEMENT

1672

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-30-14	5700	Thrasher 6	SW 25	13	20	OG
CUSTOMER <u>Magnum Exploration KS.</u>			TRUCK #			
MAILING ADDRESS <u>8768 CR. 262</u>			DRIVER			
CITY <u>Clyde</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>79510</u>			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>838</u>			DRIVER			
CASING DEPTH <u>804</u>			TRUCK #			
SLURRY WEIGHT			DRIVER			
DISPLACEMENT <u>4 1/2</u>			TRUCK #			
DISPLACEMENT PSI <u>800</u>			DRIVER			
MIX PSI <u>200</u>			TRUCK #			
RATE <u>4 bpm</u>			DRIVER			
REMARKS: <u>Held meeting. Established rate. Mixed & pumped 100# gel followed by 110# OWC plus 1/2# Phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 KSI. Set float. Closed valve.</u>						

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alc Mad	Safety	Ment
368	Br/Mad		
675	Ke:Det		
570	Du:Wab		

HOLE DEPTH 838 CASING SIZE & WEIGHT 2 7/8
 OTHER 2 7/8 6P
 CEMENT LEFT IN CASING yes
 WATER gal/hr _____
 RATE 4 bpm

HB Energy, Mitchell

Alan Madee

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	30	MILEAGE	368	126.00
5402	804'	casing footage	368	
5407	min	ten miles	510	368.00
3502C	2	80 vac	675	200.00
1126	110	OWC	212.50	
1188	100	gel	22.00	
1107A	55	Phenoseal	74.25	
		material 545	228.75	
		less 80% - 680.42		
		Material total		1588.13
4402	1	2 1/2 play		29.50
		SALES TAX		115.66
		ESTIMATED TOTAL		13512.29

AUTHORIZATION JN Ball 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.

