

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1369144
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

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: _____

1369144

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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 #7

Sec. 25 Twp. 13 Rng. 20

15-045-22251-00-00

1/2/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
3	Soil and Clay	3	
9	Sandstone	12	
42	Sandy Shale	54	
6	Lime	60	
43	Sandstone	103	Grey and brown, makes little water
23	Lime	126	
5	Shale	131	
8	Lime	139	
14	Shale	153	
18	Lime	171	
35	Shale	206	
14	Lime	220	
6	Shale	226	
25	Lime	251	
36	Shale	287	
15	Lime	302	
13	Shale	315	
16	Lime	331	
18	Shale	349	
15	Lime	364	
1	Shale	365	
27	Lime	392	
2	Shale	394	
7	Lime	401	
10	Shale	411	
33	Lime	444	
2	Shale	446	
5	Lime	451	Base of the Kansas City
131	Shale	592	
10	Shale	602	Red bed
5	Sand	607	Hard, green sand, no show, no odor

13	Shale	620	
7	Lime	627	
2	Shale	629	
2	Lime	631	
9	Shale	640	
6	Lime	646	
16	Shale	662	
3	Lime	665	Brown
2	Shale	667	
1	Coal	668	
3	Shale	671	
1	Lime	672	
5	Shale	677	
3	Lime	680	
13	Shale	693	Red bed
2	Lime	695	
6	Shale	701	
2	Lime	703	
3	Shale	706	
1	Lime	707	
5	Shale	712	
3	Silty Shale	715	Green
1	Broken Sand	716	60% brown sand, 40% lime sand, ok bleed
2	Broken Sand	718	50% brown sand, 50% shale, ok bleed
2	Oil Sand	720	Brown sand, good bleed, gassy, thin shale seems
1	Broken Sand	721	15% brown sand, 85% shale, light bleed
11	Silty shale	732	
34	Shale	768	
1	Broken Sand	769	50% brown sand, 50% shale, light bleed
6	Silty Shale	775	
18	Shale	793	
5	Sand	798	Grey, no odor
20	Shale	818	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 795' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.

Baffle set at 764'.



CONSOLIDATED
Oil Well Services, L.L.C.

PO Box 884, Chanute, KS 66720
620-431-9210 or 888-467-9978

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 1704/1154
50778
LOCATION Offices
FOREMAN Alan Mada

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-15	5700	Thrasher 7	5W 25	13	20	Do

CUSTOMER	TRUCK #	DRIVER	TRACK #	DRIVER
Magnus Exploration of KS.	730	Alan Mada	Safety	Moore
MAILING ADDRESS	368	Alan Mada		
8768 CR. 262	675	Ko: Det		
CITY	510	Du S Job		
Clyde				
STATE				
Tx				
ZIP CODE				
7950				

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 818 CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 795 DRILL PIPE _____ TUBING _____ OTHER 67 764
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/hr _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.4 DISPLACEMENT PBI 800 MIX PBI 200 RATE 4 bpm

REMARKS: Hold meeting. Established rate Mixed & pumped 100# gel followed by 92.5k DWG plus 1/2 phen seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

W.B. Oil, Mitchell

Alan Mada

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	30	MILEAGE	368	1086.00
5402	795	casing footage	368	-
5407	min	ten miles	510	368.00
5502L	2	RD VCL	675	200.00
1126	92	DWG	1817.00	
1118B	100	gel	2200	
1107A	46	phen seal	62.10	
		material sup	1901.10	
		less 30% -	570.33	
		material total		1330.77
4402	1	2 1/2 plug		29.00
			3817.61	
		SALES TAX		97.26
		ESTIMATED TOTAL		3236.63

No company log

AUTHORIZATION Jim DKD TITLE _____ DATE _____

I (we) 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 apply to the services identified on this form.

