

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top Bottom</p>	

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

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Ace Energy LLC
Well Name	DR NELSON DR #3
Doc ID	1376417

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12	7	25	20	Pomix	6	0
Production	5.650	2.875	14	875	Pomix	84	0



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 53902
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

Invoice #811785

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/17/17	1011	DR Nelson #DR-3	NE18	21	16	AL
CUSTOMER ACE Energy						
MAILING ADDRESS 11704 Aberdeen Rd						
CITY Leawood	STATE KS	ZIP CODE 666				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Carlen	✓	Salad, Maching
			495	HarBoc	✓	
			804	MikHar	✓	
			675	KeiDet	✓	

JOB TYPE longstring	HOLE SIZE 5 5/8"	HOLE DEPTH 875'	CASING SIZE & WEIGHT 27 1/2 EUE
CASING DEPTH 865'	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT 5.01 bbls	DISPLACEMENT PSI	MIX PSI	RATE 4 bpm

REMARKS: held safety, unsealing, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped 84 sks Thixoblend II cement w/ 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.01 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	1	MILEAGE		
CE0711	1/2 min	for mileage	330.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2030.00	
		- 35%	710.50	
		subtotal		1319.50
CC5861	84 sks	Thixoblend II cement	2268.00	
CC5965	200 #	Gel	60.00	
CC6079	42 #	Phenoseal	56.70	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2429.70	
		- 35%	850.40	
		Subtotal		1579.30
		7.75%		
		SALES TAX		122.40
		ESTIMATED TOTAL		3021.20
		DATE		4467.45

AUTHORIZATION _____ 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.

MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

**P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128**

35998

Date 11/29/17

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name ACE Energy LLC By _____
Customer's Authorized Representative

Charge to ACE Energy LLC Customer's Order No. Casey Joseph

Mailing Address.....

Well or Job Name and Number DR. NELSON^H 3 County ALLEN State KANSAS

[illegible]

Total 2437.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name ACE Energy LLC

By Date 11/29/17
Customer's Authorized Representative

Serviced by: Ray W. Smith

White — Customer

Canary — Accounting

Drillers Log

Company: ACE Energy
Farm: DR Nelson
Well # 3
Operator# Ace Energy
Surface Pipe:20.5 with 6 sacks
API.# 15-001-31497

Contractor: David Wrestler
License #: 7160
County: Allen
Sec: 18/26/18e
Location: fsl 3575
location: fel 2175

Spot: se.nw.sw.ne.

Started 11/13/2017

finished 11/15/2017

[illegible]