

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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: _____

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

12018
 11898

TICKET NUMBER 55504
 LOCATION Ottawa
 FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT

INVOICE # 8A562

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-18	7069	Chambers 11	SE 19	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Rensch Well Service			730	Alan Maden	Safety	Meal
MAILING ADDRESS			467	Kei Car		
P.O. Box 520			675	Kei Det		
CITY	STATE	ZIP CODE	804	Har Bec		
Ottawa	KS	66067				

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 733 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 698 DRILL PIPE _____ TUBING _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 800 RATE 57 bpm

REMARKS: Held meeting Established rate. Mixed & pumped 100# gel followed by 5k Poz Blend I-A plus 2% gel. Circulated cement. Flashed pump. Pumped plug to casing TD well held 800 PSI. Set float

Evans Energy Mitchell

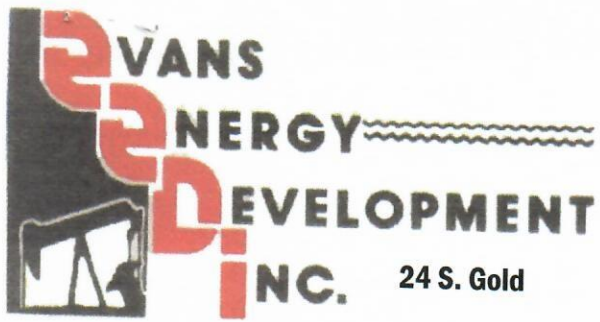
Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
LED450	1	PUMP CHARGE	467	1500.00
LED002	15	MILEAGE	467	10725.00
GE071L	min	ten miles	804	6600.00
WED853	2	80 val	675	2000.00
		sub		2467.35
		less 40%		986.90
				1480.55
LL5840	88	Poz Blend I-A		1188.00
CL5965	248	gel		74.40
CP8176	1	2 1/2 plus		45.00
		sub		1307.40
		less 40%		522.96
				784.44

SCANNED

SALES TAX 8% 62.76
 ESTIMATED TOTAL 2327.55
 TOTAL (3879.24)
 AUTHORIZATION [Signature] 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.



24 S. Gold

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Reusch Well Services, Inc.

Chambers #1

API#15-059-27,204

November 8 - November 14, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
6	lime	20
3	shale	23
15	lime	38
7	shale	45
11	lime	56
7	shale	63
20	lime	83
13	shale	96
1	lime	97
17	shale	114
18	lime	132
83	shale	215
21	lime	236
8	shale	244
8	sandstone	252
12	shale	264
6	lime	270
15	shale	285
12	sand	297
4	shale	301
9	lime	310
3	shale	313
2	lime	315
18	shale	333
23	lime	356
10	shale	366
21	lime	387
4	shale	391
4	lime	395
5	shale	400
3	lime	403
142	shale	403 base of the Kansas City
5	lime	545
4	shale	550
8	lime	554
3	shale	562
12	lime	565
28	shale	577
8	lime	605
		613

13	shale	626
3	lime	629
10	shale	639
5	lime	644
6	shale	650
2	lime	652
6	shale	658 black
4	lime	662 soft brown lime, ok oil show
3	lime	665 brown hard minimal oil show
4	shale	669
1	silty shale	670
0.5	oil sand	670.5 brown soft sand, good bleeding, gassy
1	broken sand	671.5 90% silty shale 10% oil sand, light bleeding
2.25	broken sand	673.75 90% soft brown sand 10% shale good bleeding, gassy
0.5	limey sand	674.25 vertical fracture
2.25	broken sand	676.5 75% brown sand 25% shale good bleeding, gassy
7.5	silty shale	684
1	shale	685 with lime conglomerate
29	shale	714
1	lime & shells	715
9	shale	724
1	lime & shells	725
2	shale	727
1	oil sand	728 brown sand, ok bleeding
4	sand	732 black, no show, grey
1	shale	733 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 733'

Set 22.5' of 7" surface casing threaded and coupled cemented with 6 sacks of cement

Set 698' of used 2 7/8" 8 round upset tubing, 3 centralizers, 1 float shoe, 1 clamp.

Upper Squirrel Core Time

	<u>Minutes</u>	<u>Seconds</u>
670		44
671		46
672		47
673		45
674	1	25
675		43
676		46
677		54
678		49
679		50
680		50
681		50
682		46
683		47
684	1	1
685	1	3
686	1	2
687	1	1
688	1	6
689	1	3