KOLAR Document ID: 1409836

Confident	tiality 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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
·	If Alternate II completion, cement circulated from:
Operator:	feet depth to: w/ sx cmt.
Well Name:	w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Plug Back Liner Conv. to GSW Conv. to Producer	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:					

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Operator Nam	ie:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTION INTERVAL: Top Bottom	
Vented Sold (If vented, Subn	Used on Lease	Lease Open Hole Perf.			Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)				
				Acid,		ementing Squeezend of Material Used)			
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Ace Energy LLC
Well Name	DR NELSON O-7
Doc ID	1409836

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	6.75	6	25	21	Regular	6	0
Production	6.75	2.875	20	799	Regular	130	

Sheet1

Sheet2 Sheet3

	Drillers Log		
Comments And Free			
Company: Ace Energy Farm: DR Nelson		Contractor: David Wrestler	
Well # 07		License #: 7160	
		County: Allen	
Operatori		Sec: 18/26/21e.	
Surface Pipe:21.4 with 6 sacks		Location: fsl 400fsl	
APL# 15-001-31532		location: fel 2145	Spot: se.sw.nw.ne
Started 5/3/2018		finished 5/7/2018	
Thickness		Depth	Remarks
7th	Top Soil	0-7ft	
169歳	Lime	176ft	
122ft	Shale	298B	
39ft	Lime	337音	
57亩	Shale	3948	
36.tt	Lime	4308	
45日	Shale	475E	
16ft	Lime	4918	
78	Shale	4980	
40:	Lime	5028	
78A	Shale	600ft	
20:	Lime	6028	
68	Shale	698点	
2Ĥ	sand	7008	-
ili .	sand	705B	odor
58	Shale	7308	CAU!
a.	sand	738B	odor
6	oil sand	742ft	odor oil show
98	oil sand	761ft	Good Bleed
4食	sandy shale	8450	Croos Direct
2ñ	shale	857自	
D. Hole857 6/3/4 bit			
D, Pipe 799 2/7/8			



INVOICE

EK Energy LLC. P.O Box Colony, Ks 66015 License # 33977 (620)496-6257 (620) 496-7182 Date: 5/11/2018

To. ACE/OLAM Aberdeen rd. Leawood, Ks 66211

Item #	Description	Unit Price	Line Total
0-7	Cement well 27/8 pumped 130 sx		\$800.00
M-5	Cement well 27/8 pumped 130 sx		\$800.00
	2 well discount same day		\$200.00
	Due upon receipt .		
		Subtotal	
		Sales Tax	
		Total	\$1,400.00

Your Company Name Street Address, City, ST ZIP Code Phone phone Fax fax email