KOLAR Document ID: 1409785

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
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: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Committed at Provider	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
<u> </u>	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 Approved by: Date:					

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Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Ace Energy LLC
Well Name	DR NELSON M-9
Doc ID	1409785

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	2.78	35	797	Regular	120	0



EK Energy LLC. P.O Box Colony, Ks 66015 License # 33977 (620)496-6257 (620) 496-7182

ENT DR Welson Legse

INVOICE

Date: 4/20/2018

TO Ace/Olam 11704 Aberdeen Rd Leawood, Ks 66211

Item#	Description	Unit Price	Line Total
4/16/18 M 11#	Cement 41/2 pipe 876', circulated 105 sx cement to surface		\$800.00
			2798
			14.7
4/18/2018 Q-7#	Cement 41/2 pipe 878', circulated 105 sx cement to surface		\$800.00
4/20/2018 M-9#	Cement 27/8 pipe 794', circulated 130 sx cement to surface		\$800.00
	17	6	
	To Ital	TO THE SERIES	
		The state of the s	
		Subtota	
		Sales Tax	\$2,400.00

Drillers Log

Company: Ace Energy Farm: DR Nelson

Well # m9 Operator# 7160

Surface Pipe:21.4 with 6 sacks

API.# 15-001-31521

Started 4/16/2018

879 T.D. Pipe 4/1/2

Contractor: David Wrestler

License #: 7160 County: Allen Sec: 18/26/21e. Location: fsl 3550 location: fel 2505

Spot: sw.nw.sw.ne.

finished 4/19/2018

Thickness		Depth	Remarks
	Top Soil	0-8ft	
	Lime	178ft	λ
	Shale	297ft	
	Lime	328ft	
	Shale	388ft	
	Lime	431ft	
	Shale	474ft	
	Lime	491ft	
	Shale	499ft	
	Lime	503ft	
	Shale	600ft	
	Lime	601ft	
	Shale	728ft	
	sand	735ft	odor
	Oil Sand	750ft	good bleed
	Shale	755ft	
	Oil Sand	768ft	good bleed
	Shale	845ft	
	sand	857ft	
357 ft T.D. 6/3/4	1 X + 1		· ·
797ft pipe 2/7/6			
			6.17
	2 V = 1 = MI		
888T.D. well 6/3/4 Hole			