KOLAR Document ID: 1409782

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

Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from
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?
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSec 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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Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing 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	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological 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					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casi								
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:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	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:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	Ace Energy LLC
Well Name	DR NELSON M-5
Doc ID	1409782

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	6.75	6	25	21	Regular	6	0
Production	6.75	2.875	25	830	Regular	130	0



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
O-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

Sheet1	Sheet2	Sheet3
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	Th. 100		
	Drillers Log		
Company: Ace Energy		Contraction Device Williams	
Farm: DR Nelson		Contractor: David Wrestler	
Well # M-5		License #: 7160	
Operator#		County: Allen	
Surface Pipe:21.4 with 6 sacks		Sec: 29-25-16e	
APL# 15-001-31531		Location: fsl 4470 fsl	
741.5 15-001-01301		location: fel 2505 fel	Spot: nw.sw.nw.ne
Started		finished	
Thickness		Depth	Remarks
7th	Top Soil	0-76	Remarks
170ft	Lime	177ft	
125th	Shale	302B	_
29ft	Lime	331ft	_
70ft	Shale	401ft	_
34食	Lime	435ft	_
438	Shale	478ft	_
16ft	Lime	4940	_
90:	Shale	503ft	
4ft	Lime	507ft	
98ft	Shale	605ft	
Ift.	Lime	606ft	
84ñ	Shale	6908	_
Sft	oil Sand	695B	Very good Bleed
39食	Shale	734ft	very good need
11ft	Sand	745ft	Odor oil ahow
100	oil Sand	755ft	Good bleed
99ft	Shale	799ft	Croos sweet
Sft.	Brk sand	804ft	odor oil show
in .	oil Sand	808/1	Good bleed
97th	Shale	845ft	0000 0000
Sift.	gray sand	850ft	_
Nt.	Blk Shale	857ñ	
			_
157 T.D. Well 6/3/4 bit			_
30 ft 2/7/8 pipe			_