

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

MAY 21 2014

RECEIVED

OPERATOR: License # 34977
Name: Hadel, Greg
Address 1: 6008 W. 146th
Address 2: _____
City: Overland Park State: Ks Zip: 66223 + _____
Contact Person: Greg Hadel
Phone: (913) 710-2030
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
Purchaser: NA

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

11/11/2013 11/11/2013 11/12/2013
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 091-24247-00-00

Spot Description: _____

_____ -SW Sec. 9 Twp. 15 S. R. 25 East West
800 Feet from North / South Line of Section
1,970 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: Johnson

Lease Name: Hadel Well #: G-1

Field Name: Stilwell

Producing Formation: Squirrel

Elevation: Ground: NA Kelly Bushing: 0

Total Vertical Depth: 420 Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: NA Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 21 w/ 6 sx cm.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: [Signature]
Title: Agent Date: 5/17/14

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dig Date: 5/22/14

Operator Name: Hadel, Greg Lease Name: Hadel Well #: G-1
 Sec. 9 Twp. 15 S. R. 25 East West County: Johnson

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" 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 _____ GammaRay _____
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CASING RECORD <input checked="" 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
Surface	9	7	10	21	Portland	6	50/50 POZ
Completion	5.6250	2.8750	8	394	Portland	81	50/50 POZ

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
3	365-371	2" DML RTG	6

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No RECEIVED

Date of First, Resumed Production, SWD or ENHR.		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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

263991

TICKET NUMBER 44793

LOCATION Ottawa

FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-12-13	7984	Hadel 6-1	sw 9	15	25	JO
CUSTOMER Town Oil field Services			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 339			516	Alan Mader	Safety	Moet
CITY Louisburg			368	Alan Mader		
STATE KS			369	Tas Bil		
ZIP CODE 66053			510	Set Jax		

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 420 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 394 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 6.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established ratedown casing. Mixed and pumped 100 # gel followed by 2 bbl dye marker. Mixed & pumped 81 sk 50/50 cement plus 2% gel. Circulated dye. Flushed pump. Pumped plug to casing & D circulated 5 bbl cement returns. Set float.

TD5 Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	108.50
5406	45	MILEAGE	368	189.00
5402	394	Casing footage	368	
5407	min	ten miles	310	368.00
5502L	2 1/2	80 van	369	225.00
11241	81	50/50 cement		931.50
1119B	236#	gel		51.92
4402	1	2 1/2 plug		29.50
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MAY 21 2014				
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SALES TAX				74.71
ESTIMATED TOTAL				2954.65

Rev'n 3737

NO COMPANY JEP

AUTHORIZATION Jim O'Neil 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 for

Nov. 11, 2013

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
8	Sandy Lime	15
2	Shale	17
24	Lime	41
3	Shale	44
13	Lime	57
20	Shale	77
7	Lime	84
2	Shale	86
2	Lime	88
2	Shale	90
7	Sandy Shale	97
24	Shale	121
4	Lime	125
2	Shale	127
2	Coal	129
23	Shale	152
4	Sandy Shale	156
12	Lime	168
11	Shale	179
3	Lime	182
1	Shale	183
22	Lime	205
7	Shale	212
20	Lime	232
4	Shale	236

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2	Lime	238
4	Shale	242
7	Lime	249
7	Shale	256
7	Sandy Shale	263
3	Shale	266
3	Sandy Shale	269
15	Shale	284
6	Sandy Shale	290
11	Shale	301
29	Sandy Shale	330
34	Shale	364
12	Sand	376
6	Sandy Shale	382
38	Shale	420-TD

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