

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 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				

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

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Chase 1

API/Permit #: 15-121-30521-00-00

Doc ID: 1252946

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/08/2014	05/22/2015
Date of First or Resumed Production or SWD or Enhr Producing Method Pumping	No	8/4/2014 Yes
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1217933	../../../../kcc/detail/operatorEditDetail.cfm?docID=1252946
TopsDatum1		GL
TopsDepth1		20



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217933
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL 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 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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report 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)</i> <i>(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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Form	ACO1 - Well Completion
Operator	Chase Energy, LLC
Well Name	Chase 1
Doc ID	1217933

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	507-517	2" DML RTG	10

Miami County, KS
Well: Chase #1
Lease Owner:Chase Energy

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
07/31/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
25	soil/clay	25
10	river rock	35
12	sandy lime and lime	47
6	sandy lime and lime	53
20	sandy shale and shale	73
5	sandy shale and lime	78
40	shale	118
12	lime	130
2	shale	132
3	lime	135
10	shale	145
27	lime	172
3	shale	175
2	slate	177
3	shale	180
24	sandy lime and lime	204
5	shale	209
12	lime	221
25	shale	246
3	sand	249
2	sandy shale	251
93	shale	344
2	sandy shale	346
11	broken sand	357
3	broken sand	360
2	broken sand	362
5	broken sand	367
1	broken sand	368
13	lime	381
7	sand	388
7	sandy shale	395
29	shale	424
6	lime	430
3	sandy lime and lime	433
10	shale	443
2	lime	445
2	slate	447
10	shale	457
6	lime	463
17	shale	480

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. Chase - # 1

Farm Chase

KS
(State)

Miami
(County)

20
(Section)

17
(Township)

21
(Range)

For Chase Energy
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Chase Farm: Miami County

KS State; Well No. 1

Elevation 892

Commenced Spuding 7-31 20 11

Finished Drilling 8-9 20 11

Driller's Name David Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Wood

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

26 17 21

(Section) (Township) (Range)

Distance from S line, 165 ft.

Distance from E line, 2405 ft.

Cemented by TOS
CASING AND TUBING
RECORD

10" Set 10" Pulled

7/8" Set 83.5 8" Pulled

6 1/4" Set 6 1/4" Pulled

4" Set 4" Pulled

2 1/2" Set 567.4 2" Pulled

536.0 Baffle

540 TD

Chase Pipe

My track

1 30-8 - Baffle 536.0

2 32-1

~~3 32-5~~

4 31-9

5 32-4 159.7

6 32-1

7 32-3

~~8 32-4~~

9 31-4

10 31-3 159.5

11 31-1

12 31-2

13 28-8

14 31-8

15 32-1 155

16 31-5

17 32-3

18 31-8

19 31-3

20 31-2 158

567.4 672

Thickness of Strata	Formation	Total Depth	Remarks
25	soil / clay	25	
10	lower rock	35	
12	sandy limestone	47	
6	sand	53	
20	sandy shaled shale	73	
5	sandy shale lime	78	
40	shale	118	
12	lime	130	
2	shale	132	
3	lime	135	
10	shale	145	
27	lime	172	
3	shale	175	
2	shale	177	
3	shale	180	
24	sandy limestone	204	
5	shale	209	
12	lime	221	Harder
25	shale	246	
3	sand	249	
2	sandy shale	251	gray, no oil
93	shale	344	
2	sandy shale	346	
11	Broken sand	357	no oil
3	Broken sand	360	5% - 10% oil
2	Broken sand	362	20% - 30%, slight bleed
5	Broken sand	367	15% - 25% oil

Thickness of Strata	Formation	Total Depth	Remarks
		367	
1	Brocken sand	368	50% oil with lime
13	lime	381	
7	sand	388	
7	sandy shale	395	very fine oil
29	shale	424	
6	lime	430	
3	sandy lime	433	
10	shale	443	
2	lime	445	
2	shale	447	
10	shale	457	
6	lime	463	
17	shale	480	
1	lime	481	
2	shale	483	
3	sand	486	odor, little oil
1	Brocken sand	487	
2	lime	489	
5	shale	494	
6	Brocken sand	500	
1	Brocken sand	501	odor, 2% oil
3	Brocken sand	504	10% - 20% oil
6	Brocken sand	510	25% - 30%, slight bleed
7	Brocken sand	517	40% - 50% oil
13	sandy shale	530	
99	shale	589	
3	Brocken sand	592	odor, little oil

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053
913-837-8400

Ticket Number _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
8/4/14	Chase Energy	Chase #1	26	17	21E	Miami
Customer		Mailing Address				
		40770 W. 327th St.				
		City	State	Zip Code		
		Oswatomie	KS.	66064		

Job Type log string Hole Size 5 5/8 Hole Depth 580 Casing Size & Weight 2 7/8
 Casing Depth 567.4 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 800 Mix PSI 200 Rate 4 BPM

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		800
		Cement Truck		250
		Water Truck		150
	126	Cement Class A	10.50	1323
		Gel		0
		Plug		25
			Sales Tax	0
Estimated Total				2548.00

Authorization  Title Owner Date 8-4-14

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.