

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

Lease Name and Number: Reeves 4

API/Permit #: 15-035-24561-00-00

Doc ID: 1211102

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/20/2014	06/19/2014
Total Depth	30868	3086



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194191
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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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

Cementing & Acidizing of Kansas, LLC



Cement or Acid Field Report

Ticket No. **1108**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
3-5-14	1012	Reeves # 4		31	345	7E	Cowley	Ks
Customer			Safety Meeting KM SF EM	Unit #	Driver	Unit #	Driver	
DRAKE EXPLORATION, LLC				102	SHANNON F.			
Mailing Address 6535 12 TH Rd				110	RUDY M.			
City Douglass								
State KS		Zip Code 67039						

Job Type SURFACE Hole Depth 331' KB Slurry Vol. 48 BBL Tubing _____
 Casing Depth 331' KB Hole Size 12 1/4" Slurry Wt. 14.8 # Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23 # Cement Left in Casing 25' Water Gal/SK 6.5 Other _____
 Displacement 19.75 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY MEETING: Rig up to 8 5/8 CASING Set @ 331' KB = 318' G.L. BREAK CIRCULATION w/ BBL FRESH WATER. MIXED 200 SKS CLASS "A" CEMENT w/ 3% CACL2, 2% GEL, 1/4" FLO-SEAL /SK @ 14.8 #/9AL. DISPLACE w/ 19.75 BBL FRESH WATER. SHUT CASING IN. GOOD CEMENT RETURNS TO SURFACE = 8 BBL SLURRY TO PIT. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	70	Mileage	3.95	276.50
C 200	200 SKS	CLASS "A" CEMENT	15.00	3000.00
C 205	560 #	CACL2 3%	.60 #	336.00
C 206	375 #	GEL 2%	.20 #	75.00
C 209	50 #	FLO-SEAL 1/4" /SK	2.25 #	112.50
C 108 B	9.4 TONS	Ton Mileage 70 miles	1.35	888.30
<u>THANK YOU</u>			Sub Total	5528.30
<u>MA</u> 6.4 %			Sales Tax	225.50

Authorization Called By DARREN Broyles Title owner Total 5753.80

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1145**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
3-10-14	1012	Reeves # 4		31	345	7E	Cowley	Ks
Customer				Safety Meeting	Unit #	Driver	Unit #	Driver
DRAKE EXPLORATION, LLC				KM	102	STANNON F.		
Mailing Address				SF	110	RUDY M.		
6535 12 TH RD				RM	145	ALLEN G.		
City				AG				
Douglas		State	Zip Code					
		Ks	67039					

Job Type Longstring Hole Depth 3086' KB Slurry Vol. 60 BBL Tubing _____
 Casing Depth 3087.76' KB Hole Size 7 7/8" Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 49.1' BBL Displacement PSI 750 Bump Plug to 1250 PSI BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2 casing. BREAK CIRCULATION w/ 5 BBL Fresh water, Pump 10 BBL Metasilicate Pre Flush, 5 BBL water spacer. MIXED 185 sks THICK Set Cement w/ 5# KOL-SEAL/sk @ 13.7#/gal, yield 1.85 = 60 BBL Slurry. wash out Pump & Lines. shut down. Release LATCH down Plug. Displace Plug to Seat w/ 49.1' BBL Fresh water. FINAL Pumping Pressure 750 PSI. Bump Plug to 1250 PSI. wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ ALL times while Cementing. Shut casing in @ 0 PSI. Job Complete. Rig down.

Centralizers on *1, 2, 3, 14, 15, 19, 20, 21, 22

Code	Qty or Units	Description of Product or Services	Unit Price	Total	
C 102	1	Pump Charge			
C 107	70	Mileage	1050.00	1050.00	
			3.95	276.50	
C 201	185 sks	THICK Set Cement	19.50	3607.50	
C 207	925 "	KOL-SEAL 5#/sk	.45	416.25	
C 216	100 #	Metasilicate Pre Flush	2.00	200.00	
C 108 B	10.18 Tons	Ton Mileage 70 miles	1.35	962.01	
C 113	5 HRS	80 BBL VAC TRUCK	85.00	425.00	
C 224	3300 gals	City water	10.00/1000	33.00	
C 660	1	4 1/2 AFU FLOAT shoe	275.00	275.00	
C 420	1	4 1/2 LATCH down Plug	200.00	200.00	
C 503	9	4 1/2 x 7 7/8 CENTRALIZERS	44.00	396.00	
THANK YOU			Sub Total	7841.26	
			6.4% Sales Tax	328.18	
Authorization <u>Witnessed By Darren Boyles Title Owner</u>				Total	8169.44

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.