



Confidentiality Requested:

Yes  No

**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: \_\_\_\_\_



1219966

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](mailto: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:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## Summary of Changes

Lease Name and Number: Chism 14-2

API/Permit #: 15-125-32379-00-00

Doc ID: 1219966

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/14/2014	09/03/2014
CasingSettingDepthPD F_2	1178	1462
Completion Or Recompletion Date	4/02/2014	08/12/2014
Date of First or Resumed Production or SWD or Enhr		8/13/2014
Disposition Of Gas - Sold	No	Yes
Elogs_PDF		
Fracturing Question 1	Compensated Density Dual Induction No	Compensated Density- sent previously Yes
Fracturing Question 2		No
If Alternate II Completion - Cement Circulated From Liner Run?	1178	1462  No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Perf	No	Yes
Perf_Depth_1		1209-1212
Perf_Depth_2		1167-1170/1147-1149
Perf_Depth_3		1114-1119/1094-1097
Perf_Material_1		378 gal acid, 370 bbl water, 6029 lbs sand
Perf_Material_2		588 gal acid, 620 bbls water; 10061 lbs sand
Perf_Material_3		600 gal acid, 737 bbls water, 14089 lbs sand
Perf_Record_1		Mineral
Perf_Record_2		Crowberg-Bevier
Perf_Record_3		Excello-Little Osage
Perf_Shots_1		4
Perf_Shots_2		4
Perf_Shots_3		4

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Plug Back Total Depth	1178	1462
Producing Method Pumping	No	Yes
Production - MCF Gas		0
Production Interval #1		1094-1212
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1213455	../../../../kcc/detail/operatorEditDetail.cfm?docID=1219966
TopsName1	See attached	
TopsName2		Attached previously
Tubing Record - Set At		1251
Tubing Size		2.375



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1213455  
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 #: \_\_\_\_\_
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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.

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- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
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- 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.

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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) (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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Air Drilling Specialist  
Oil & Gas Wells

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

PO Box 449  
Caney, KS 67333

Date Started	<b>3/26/2014</b>
Date Completed	<b>4/1/2014</b>

Operator	A.P.I #	County	State
<b>L R Energy Inc.</b>	<b>15-125-32379-00-00</b>	<b>Montgomery</b>	<b>Kansas</b>

Well No.	Lease	Section	Township	Range
<b>14-2</b>	<b>Chism</b>	<b>2</b>	<b>32</b>	<b>13</b>

Type of Well	Driller	Cement	Surface	TD	Size of Hole
<b>Gas &amp; Oil</b>	<b>Billy Thornton</b>	<b>Rig Cemented</b>	<b>83' 3" 8 5/8</b>	<b>1462</b>	<b>6 3/4</b>

0-6	DIRT	878-882	SANDY SHALE	1210-1248	SHALE
6-31	SDY CLAY / WET	882-884	SHALE	1248-1249	COAL
31-91	SHALE	884-950	SAND	1249-1292	SHALE
91-129	LIME	950-963	SANDY SHALE	1292-1293	BLK SHALE / COAL
129-136	SAND	963-983	SHALE	1293-1297	SHALE
136-220	LIME	983-1003	LIME (PAWNEE)	1297-1303	SAND
220-420	LMY SHALE	1003-1012	BLACK SHALE	1303-1327	SANDY SHALE
420-439	LIME / DAMP	1012-1043	SHALE	1327-1328	COAL
439-455	SAND	1043-1051	SANDY SHALE	1328-1368	SHALE
455-470	SHALE	1051-1064	SHALE	1368-1377	RED SHALE
470-483	SAND / DAMP	1064-1065	COAL	1377-1458	SHALE
483-484	COAL	1065-1066	SHALE	1458-1462	SAND
484-538	LIME	1066-1089	LIME (OSWEGO)	1458-1462	LOTS OF WATER /
538-545	LMY SHALE	1089-1097	BLK SHALE (SUMMIT)		WATERED OUT
545-607	LIME	1097-1098	COAL	1462	TD
607-630	SANDY SHALE	1098-1099	BLACK SHALE		
630-631	COAL	1099-1110	LIME		GAS TESTS:
631-670	SAND /DAMP	1110-1117	BLK SHALE (EXCELLO)	760	NO GAS
660	WENT TO WATER	1117-1118	COAL (MULKY)	1011	SLIGHT BLOW
670-678	SHALE	1118-1126	LIME	1111	5#, 1/4"= 20.7 MCF
678-723	LIME	1126-1149	SHALE	1136	10#, 1/4"= 30.8 MCF
723-751	BLACK SHALE	1149-1150	COAL	1185	SAME
751-787	SHALE	1150-1164	SHALE	1311	SAME
787-794	LIME	1164-1166	LIME (V-LIME)	1362	SAME
794-831	SAND	1166-1168	BLACK SHALE		
831-838	SHALE	1168-1169	COAL (CROWBERG)		
838-851	LIME	1169-1178	SHALE		
851-852	COAL	1178-1184	SAND		
852-868	LIME / SHALE	1184-1209	SHALE		
868-878	SHALE	1209-1210	COAL		



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

**Elite**

**Cementing & Acidizing  
 of Kansas, LLC**



**Cement or Acid Field Report**

Ticket No. **1173**  
 Foreman Rick Ladford  
 Camp Eureka Ks

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4/2/14	1049	Chism 14-2	2	323	13E	MG	KS
Customer LR Energy Inc.			Safety Meeting Unit # 102 111		Driver Chris B Rudy M.		Unit # Driver
Mailing Address 5602 CR 2700			City EIK City		State Ks		Zip Code 67344

Job Type 1/3 Hole Depth 1462' Slurry Vol. 51 Bbl Tubing \_\_\_\_\_  
 Casing Depth 1421' Hole Size 6 3/4" Slurry Wt. 13.7# Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" Cement Left in Casing 0' Water Gal/SK 9.0 Other \_\_\_\_\_  
 Displacement 22.6 Bbl Displacement PSI 600 Bump Plug to 1000 BPM \_\_\_\_\_

Remarks: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 28 Bbl fresh water. Pump 16 sacks gel-flush, 10 Bbl water spacer. Mixed 155 sacks thickset cement w/ 5" Kel-seal/sk + 1" phenoseal/sk @ 13.7#/gal. yield 1.85, washout pump + lines, release plug. Displace w/ 22.6 Bbl fresh water. Final pump pressure 600 PSI. Bump plug to 1000 PSI. release pressure, float + plug held. Good cement, returns to surface = 10 Bbl slurry topit. Job complete Rig down.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C201	155 sacks	thickset cement	19.50	3022.50
C207	775 "	5" Kel-seal/sk	.45	348.75
C208	755 "	1" phenoseal/sk	1.25	193.75
C206	500 "	gel-flush	.20	100.00
C107B	8.53	ton mileage bulk tax	1.35	575.78
C403	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5533.28
			Sales Tax	228.17
Authorization <u>[Signature]</u> Title <u>PS</u>			Total	5761.45

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.