

### Kansas Corporation Commission Oil & Gas Conservation Division

### 1046597

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□ NE □ NW □ SE □ SW				
CONTRACTOR: License #	County:				
Name:	Lease Name: Well #:				
Wellsite Geologist:	Field Name:				
Purchaser:	Producing Formation:				
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:				
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:				
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?				
Operator:					
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #:	Operator Name:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec Twp S. R				
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date					

#### **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			
Letter of Confidentiality Received			
Date:			
Confidential Release Date:			
Wireline Log Received			
Geologist Report Received			
UIC Distribution			
ALT I II III Approved by: Date:			

Side Two



Operator Name: \_ Lease Name: \_ \_ Well #: \_ County: \_ INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



# CONSOLIDATED

# 236549

TICKET NUMBER	2792 <u>0</u>
LOCATION BANK	lesville OK
FOREMAN Don	1.10

	nanute, KS 66720 or 800-467-8676			CEMEN		TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER#		NAME & NUMBER		SECTION	TOWNSHIP	IVANGE	
-10-10	5623	BARRY	Hazlett	010	MEN GOOD PARK OF A PROPERTY.			Mord K
STOMER	00.14					DRIVER	TRUCK#	DRIVER
	MAGNU	<u> </u>			TRUCK#		TROOK#	27171 - 11
LING ADDRE	:88				398	John W		
			17/5 0055		551	MARK		<u> </u>
Υ	S	STATE	ZIP CODE		Minney	TP		
							FIGHT 47	<u></u>
3 TYPE	<u> </u>	HOLE SIZE	73/4 H	OLE DEPT	Н	CASING SIZE & W	EIGHT	₹
SING DEPTH	<u> 210 </u>	ORILL PIPE		UBING			OTHER	<u> </u>
JRRY WEIGH		SLURRY VOL	1.75 W	/ATER gal/s	sk	CEMENT LEFT In		<del>-</del>
PLACEMENT	т <i>12.9</i> г	DISPLACEMEN'	TPSIM	IX PSI		RATE4//		<del></del>
marks: <i>E</i>	57 P.A.	1. SH.	solCellien	<b>,</b>	Run 85	SK THICK S	ET W/50	* KOL
	DUA BUT	10% 5	ALT by	4861	OUT Pu	ul pro	LINET 1	RELU-15
	DKRACE			5400				
CHB-	DRIZACE	100.		<u> </u>	<del></del>			
· · · · · · · · · · · · · · · · · · ·		<del></del>	Cont		SURF			
		<del></del>	Cmi	10	Sug			
			<del></del>					
THANK	ــــــــــــــــــــــــــــــــــــــ							· · · · · · · · · · · · · · · · · · ·
	<del></del>					· · · · · · · · · · · · · · · · · · ·		
								<del></del>
ACCOUNT	QUANITY	or UNITS	DESC	CRIPTION	of SERVICES or Pi	RODUCT	UNIT PRICE	TOTAL
CODE	<u> </u>	<del></del>		-	·			900.
5401			PUMP CHARGE			<u></u>		127.
5406	35		MILEAGE				<del>                                     </del>	10.7
5402	810		FOOTAGE	<i>-</i>			ļ	162.
5407	<u> </u>		BULK TRU	CIC				350.
55016	3		TRANSPORT	<u> </u>				334
3 30 , 0			1					<u> </u>
112/ 4	100/1	1990*	THICK SE	***************************************				1445
1126A	85/7	<b>-</b>						109
	95/4	130-	KOLSEAL					92.
1110A		On FF						
1110A 1107A	25×/	80 **	Pheno		<u>.</u>			101
	25x/	50 M	SALT					181
1107A 1111	25×/3 1/34/3 4/202	50#	SALT					181.
(107A        23	1/34/3	50#	SALT LITY U	SATEK				181
1107A 1111	1/34/3	50#	SALT	SATEK				181.
(107A        23	1/34/3	50#	SALT LITY U	SATEK				181.
1107A 1111 1123	1/34/3	50#	SALT LITY U	SATEK				181.
(107A        23	1/34/3	50#	SALT CITY W 41/2 FUBBL	SATEK				181.
1107A 1111 1123	1/34/3	50#	SALT CITY IN 41/2 FUBBLE Wise	SATEK				181.
(107A        23	1/34/3	50#	SALT CITY W 41/2 FUBBL	SATEK				181. 62. 45.
1107A 1111 1123	1/34/3	50#	SALT CITY IN 41/2 FUBBLE Wise	SATEK				181. 62. 45.
(107A        23   4404	1/34/3	50#	SALT CITY IN 41/2 FUBBLE Wise	SATEK		4.3	SALES TAX	181. 62. 45.
1107A 1111 1123	1/34/3	50 M	SALT CITY IN 41/2 FUBBLE Wise	SATEK		<i>L</i> .3	SALES TAX ESTIMATED TOTAL	181. 62. 45.

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.