

Kansas Corporation Commission Oil & Gas Conservation Division

1048597

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
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 ☐ 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?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	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 TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date 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)

Invoice

Lone Jack Oil Company 509 East Walnut Blue Mound, KS 66010

Date	Invoice #
2/6/2010	982

Bill To	
Rick Mi	chaels
P.O. Box	
lola, KS	66749
ENV	1120 71 8 8 31
[1 777	1-620-365-8631

P.O.	No.	Terms	Project	
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Quantity	Description		Rate	Amount
1	Johnson Lease 4/10, Well #WD1, circulated 165 sacks of cement to surface, umped 1060 gallons of water behind cement and shut in. ales Tax		600.00 6.30%	600.001 37.80
nank you fo	r your business.	-	l Total	\$637.80

Michael Drilling, LLC P.O. Box 402 Iola, KS 66749 620-365-2755

Company:	Rick Michael	Date:	02/02 /10	
Address:	P.O. Box 402	Lease:	Johnson	
	Iola Kansas 66749	County	Allen	
Ordered By	: Rick Michael	Well#:	SW-1	
		API#:	15-001-29964-00-00	

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-22	Overburden	599-600	Coal
22-32	Shale	600-615	Lime
32-75	Lime	615-638	Black Shale
75-105	Shale	638-645	Lime
105-121	Lime	645-648	Black Shale and Coal
121-150	Shale	648-859	Sand and Sandy Shale
150-162	Lime Streaks	859-864	Sand -gas
162-220	Lime	864-914	Oil Sand
220-224	Shale	914-926	Shale
224-284	Lime	926-931	Sand
284-447	Shale	931-1036	Shale
447-449	Lime	1036-1250	Mississippi Lime
449-451	Shale	1250	TD
451-480	Lime		
480-496	Shale		Surface 22'
496-547	Sand and Shale		
547-550	Lime		
550-553	Black Shale and Coal		
553-556	Shale		
556-572	Lime		
572-578	Shale		
78-583	Lime		
83-585	Black Shale		
85-599	Shale		

Suface

Consent.

Consent.

Iola, Kansas, 19/0
Received of
THE NEW KLEIN LUMBER CO., INC. BUILDING MATERIALS
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<u> </u>
307.03
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Johnson R-4
Johnson R-5
Johnson R-le
V- Latta R-1

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