



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1048626

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 # _____

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
- ☐ Conv. to GSW
- ☐ Plug Back: _____ Plug Back Total Depth _____
- ☐ Commingled Permit #: _____
- ☐ Dual Completion Permit #: _____
- ☐ SWD Permit #: _____
- ☐ ENHR Permit #: _____
- ☐ GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



1048626

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West 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 Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div>
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 235539

Invoice Date: 07/29/2010 Terms:

Page 1

MICHAEL DRILLING
BOX 402
IOLA KS 66749
() -

JOHNSON R-6
27010
SW 11-24-18 AL
07/26/2010

Part Number	Description	Qty	Unit	Price	Total
1124	50/50 POZ CEMENT MIX	120.00		9.8400	1180.80
1118B	PREMIUM GEL / BENTONITE	302.00		.2000	60.40

	Description	Hours	Unit	Price	Total
495	CEMENT PUMP	1.00		925.00	925.00
495	EQUIPMENT MILEAGE (ONE WAY)	50.00		3.65	182.50
495	CASING FOOTAGE	860.00		.00	.00
548	MIN. BULK DELIVERY	1.00		315.00	315.00

Parts:	1241.20	Freight:	.00	Tax:	90.61	AR	2754.31
Labor:	.00	Misc:	.00	Total:	2754.31		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 27010
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/26/10	5448	Johnson # R 6	SW 11	24	18	AL
CUSTOMER						
Michael Drilling						
MAILING ADDRESS						
P.O. Box 402						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Iola	KS	66749	506	Fred	Safety	My
			495	Casey	512	
			548	Arlen	NAH	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>880'</u>	CASING SIZE & WEIGHT <u>5 1/2" 14#</u>
CASING DEPTH <u>860'</u>	DRILL PIPE _____	TUBING <u>Sanded off to 861'</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>10'</u>
DISPLACEMENT <u>21 BBL</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>58 BPM</u>

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel
Flush. Mix & Pump 120 SKS 50/50 per mix Cement
2% Gel. Displace 5 1/2" Casing clean w/ 2 1/2 BBL Fresh
water. Shut in casing. Circulated 2 BBLS Cement slurry
to pit.

Fel Maden

Customer Supplied Water

[illegible]

Ravin 3737

AUTHORIZATION

TITLE

DATE _____

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.

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

072610

Company: Rick Michael
Address: P.O. Box 402
Iola Kansas 66749
Ordered By: Rick Michael

Date: 07/26/10
Lease: Johnson
County: Allen
Well#: R-6
API#: 15-001-29997-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-23	Overburden	863-880	Sand-Faint Oil Oder
23-26	Shale	880	TD
26-68	Lime		
68-95	Shale		Surface 23'
95-100	Lime		
100-130	Shale		
130-262	Lime		
262-298	Sandy Shale		
298-470	Shale		
470-478	Lime		
478-495	Shale and Sand		
495-521	Sand		
521-530	Shale		
530-533	Lime		
533-535	Coal		Surface 21
535-563	Lime		
563-585	Shale		
585-612	Lime		
612-622	Shale		
622-630	Lime		
630-648	Shale		
648-670	Oil Sand		
670-839	Shale		
839-863	Sand		

Iola, Kansas, 11/15, 1910

Received of

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS

365-2201

30 Sack P Cement

283.50

tax 23.53

307.03

Paul By

cash

Surface Casing Cement for

Johnson WD-1

Johnson R-4

Johnson R-5

Johnson R-6

V- Latta R-1