

Kansas Corporation Commission Oil & Gas Conservation Division

1049292

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:	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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.	
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: 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:	
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:	
Spud Date or Date Reached TD Completion Date or 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.

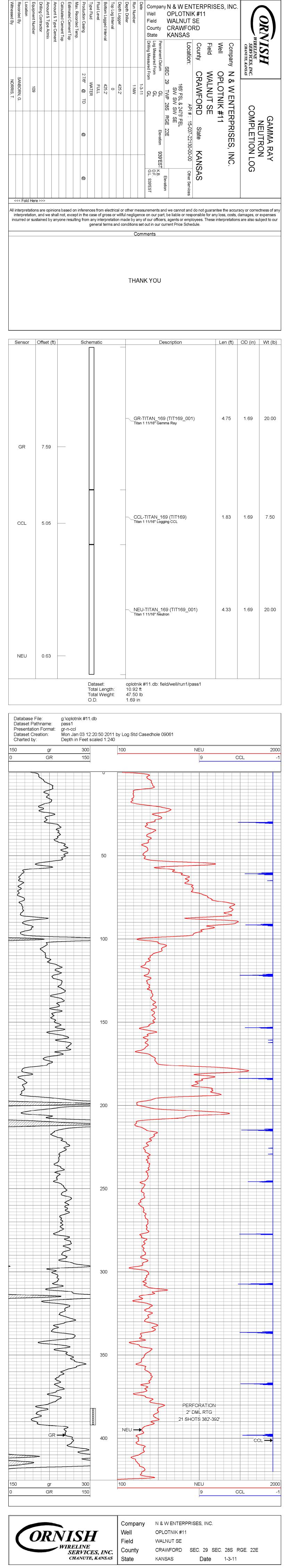
Submitted Electronically

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)



Kepley Well Service, LLC

19245 Ford Road Chanute, KS 66720 Date Invoice # 1/13/2011 A-45714

Cement Treatment Report

N & W Enterprise Inc. 1111 S. Margrave Fort Scott, KS 66701 (x) Landed Plug on Bottom at 600 PSI
() Shut in Pressure
(x)Good Cement Returns
() Topped off well with______ sacks
(x) Set Float Shoe

TYPE OF TREATMENT: Production Casing HOLE SIZE: 5 5/8"
TOTAL DEPTH: 430

Well Name	Terms	Due Date
	Net 15 days	1/13/2011

Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount
Run and cement 2 7/8" Sales Tax	428	3.00 7.30%	1,284.00 0.00
Pay online at			

https://paymentnetwork.intuit.com/login/qb

Oplotnik #11
Crawford County
Section: 29
Township: 28
Range: 22

Hooked onto 2 7/8" casing. Established circulation with 2.5 barrels of water, GEL, METSO, COTTONSEED ahead, blended 68 sacks of OWC, dropped rubber plug, and
pumped 2.4 barrels of water

Total	\$1,284.00
Payments/Credits	\$0.00
Balance Due	\$1,284.00