

### Kansas Corporation Commission Oil & Gas Conservation Division

### 1052281

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 #:  Dual Completion Permit #:  SWD 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 N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d 	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (		nmingled mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	OND West 1-12
Doc ID	1052281

### Tops

Name	Тор	Datum
Top Anhydrite	1674	+577
Base Anhydrite	1716	+535
Topeka	3324	-1073
Heebner	3553	-1302
Toronto	3570	-1319
LKC	3586	-1335
ВКС	3828	-1577
Marmaton	3916	-1665
Charokee Shale	3962	-1711

# QUALITY OILWELL CEMENTING, INC. Federal Tax 1.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 4812

Cell 785-324-1041	Sec.	Twp.	Range	С	ounty	State	On Location	Finish
Date 2 43 44	1.2	1.3	22	Tress	2	KS	<u> </u>	1.30pm
Date 2-12-11	-	Well No.			n Riag s	NRO 305	into	:
Lease DN NWES		Well 140.	<u> </u>		Owner			
	ery#/	T			<b>= 0</b> Pa. (	Dilwell Cementing, Inc.	c.	nt and furnish
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Hole Size 12'14		T.D.	224		Charge A	owning / wel	_	
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Tbg. Size		Depth			Street		State	
Tool		Depth			City			er agent or contract
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Meas Line		Displa	ace/3Rc	<u> </u>	Cement Ar	nount Ordered 157	1 Cop 30/00C	2-10011
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	menter per	0.9			Common	150		
No. Dri	ver ver				Poz. Mix			
	ver	1			Gel.	?		
	SERVICE	S & REN	/ARKS		Calcium	<u>5</u>		
Remarks:					Hulls			
Rat Hole					Salt			
					Flowseal			
Mouse Hole					Koi-Seal			
Centralizers		· · ·			Mud CLR	48		
Baskets					<del></del>	or CD110 CAF 38		
D/V or Port Collar		P		<b>201</b>	Sand	5, 00,10 0.0		
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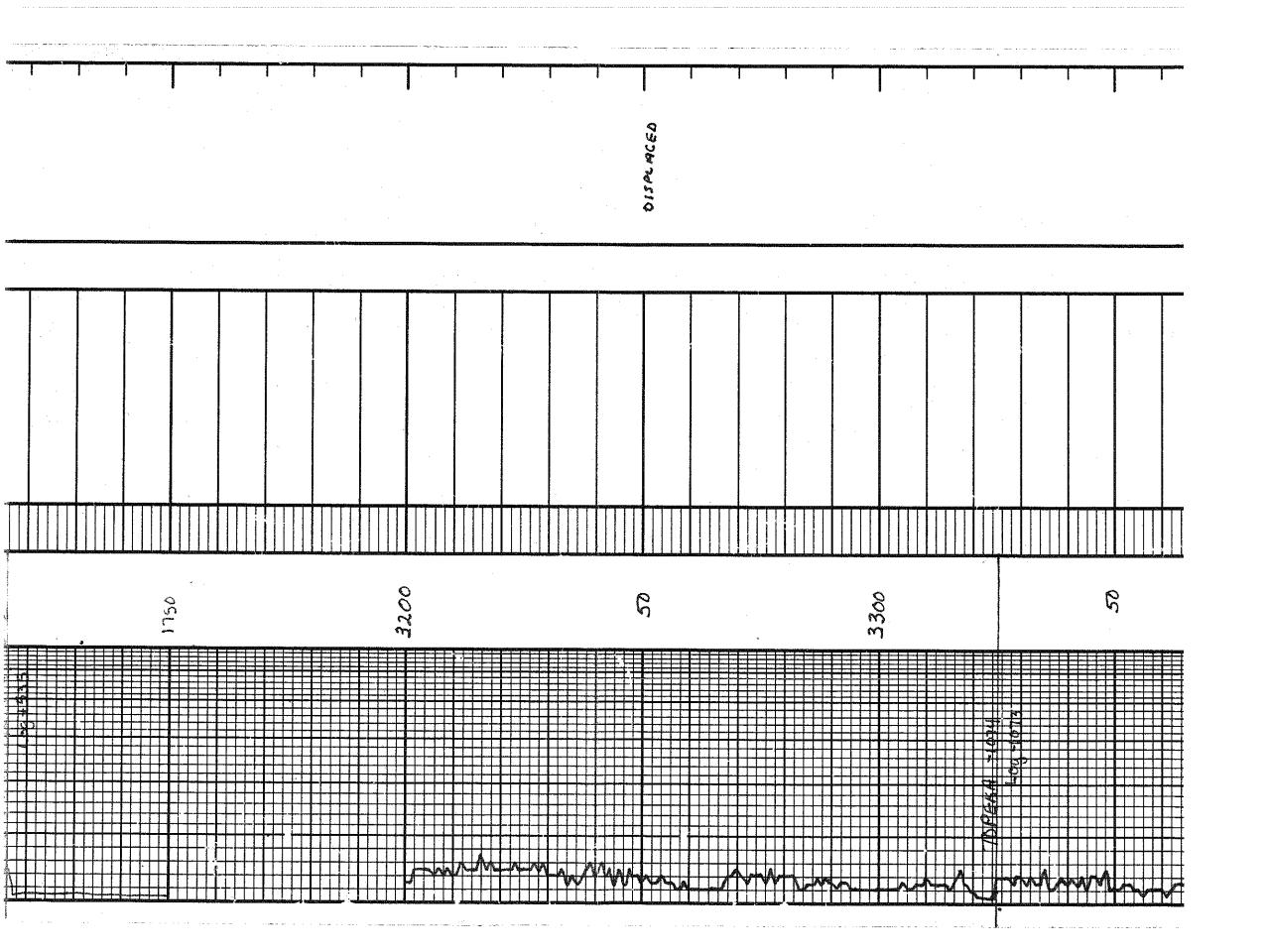
## QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107 785-483-2025

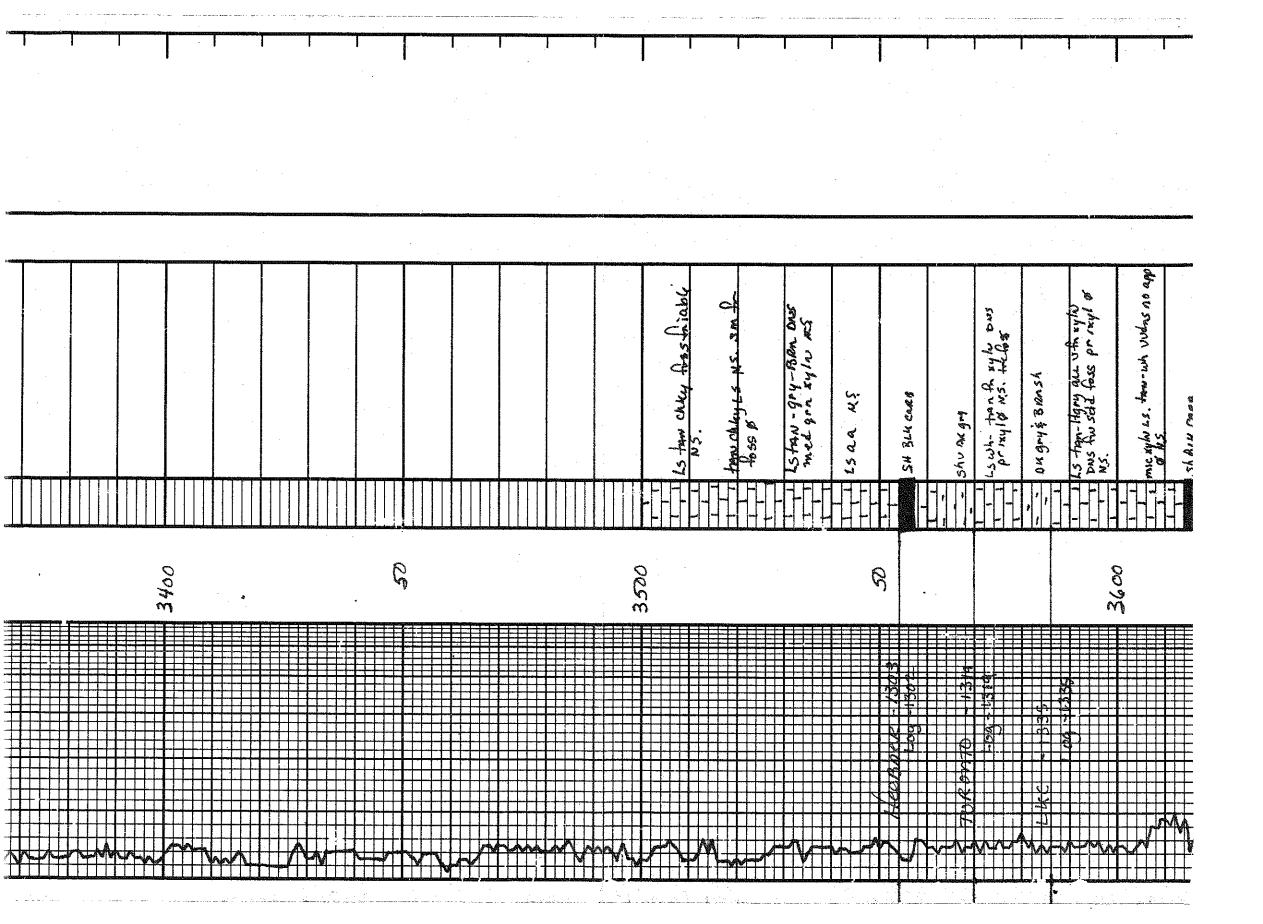
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Remarks: 30 sx			Calcium			
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Centralizers			Flowseal 504	#		
Baskets			Kol-Seal			
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WELL ONO WEST # 1-1Z FIELD LOCATION 1530'FML \$ 865 SEC_1Z_TWP. 135 COUNTY 78660	FR	PRODUCTION ELEVATION Drilling Measured From	KB2: DF GL1:			FORMATION	
	2-17-16	Samples Saved From Drilling Time From Samples Examined Fro Geological Supervision Wellette Geologist Electrical Surveys	3200 To:	72) 72) _ To Total Depth			
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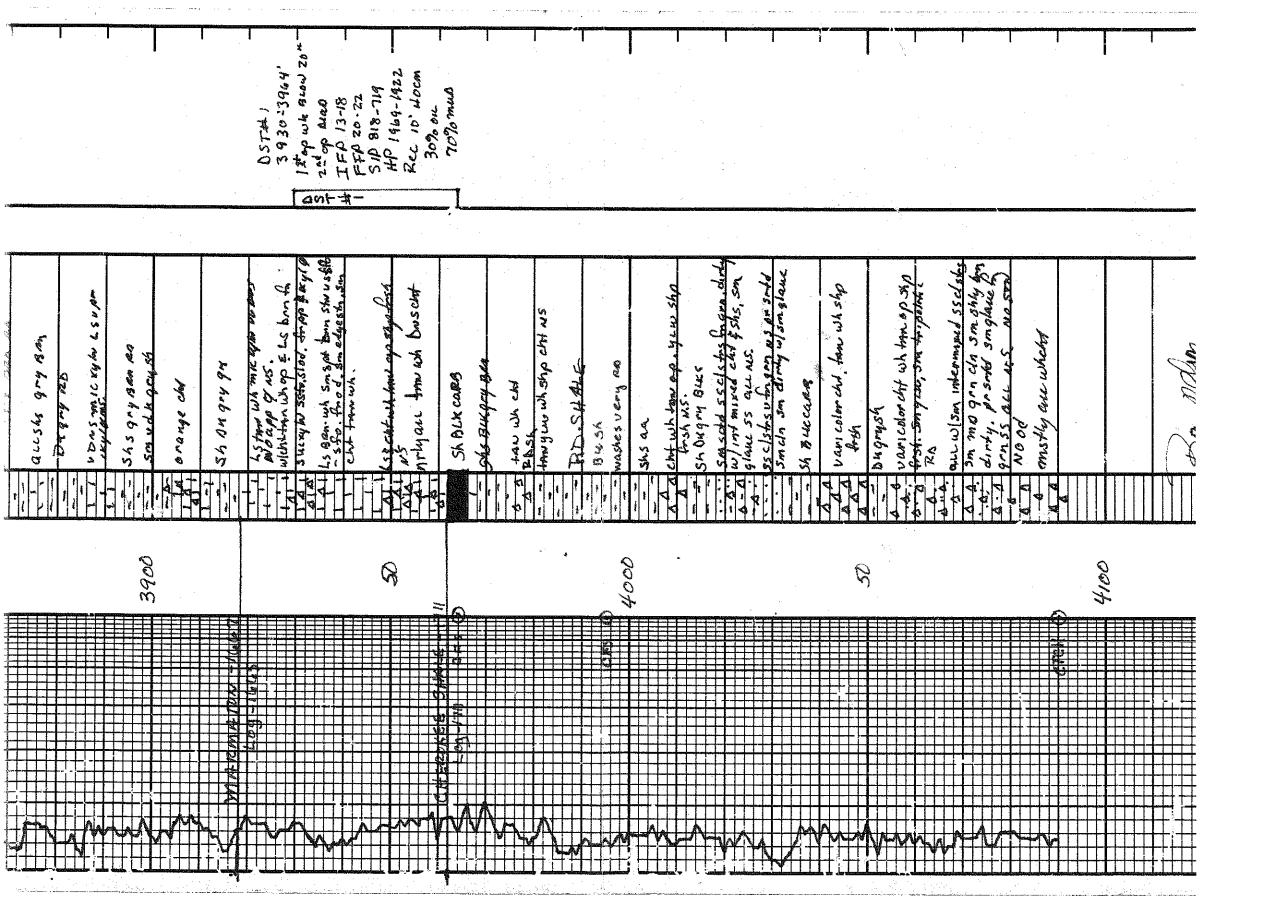
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Parameter		Additional transport of the second					REMARKS		FEL 12-13-22 RNG 2260	STATE KAWSAS				
							SAMPLE DESCRIPTIONS		LOCATION 1530 FNL \$ 865 FE	NTY - TRECO				
	6			 5			DEPTH		\$V dI	RTD LIPSON			 ·	
							5 10' 15' 20' 2 NG TIME Minutes/Foot	Rate of Penetration Decreases	OPERATOR DNOC!	NOI	Secure -			



### DRILL STEM TEST REPORT

DNOC

OND west #1-12

PO Box 372

12-13s-22w Trego

Hays, Ks. 67601+0372

Job Ticket: 041550 **DST#:1** 

ATTN: R. Nelson Test Start: 2011.02.17 @ 05:14:05

GENERAL INFORMATION:

Formation: Marmaton

Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole

Time Tool Opened: 07:34:30 Tester: Andy Carreira

Time Test Ended: 11:11:20 Unit No: 3

Interval: 3930.00 ft (KB) To 3964.00 ft (KB) (TVD) Reference Elevations: 2251.00 ft (KB)

Total Depth: 3964.00 ft (KB) (TVD) 2243.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 8.00 ft

Serial #: 8352 Outside

Press@RunDepth: 22.40 psig @ 3931.00 ft (KB) Capacity: 8000.00 psig

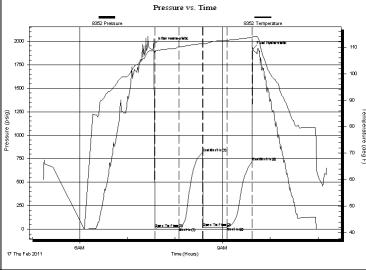
 Start Date:
 2011.02.17
 End Date:
 2011.02.17
 Last Calib.:
 2011.02.17

 Start Time:
 05:14:05
 End Time:
 11:11:20
 Time On Btm:
 2011.02.17 @ 07:33:40

Time Off Btm: 2011.02.17 @ 09:38:09

TEST COMMENT: IF: Weak surface blow, died in 20 min.

IS: No Return FF: No Blow FS: No Return



	PRESSURE SUMMARY					
1	Time	Pressure	Temp	Annotation		
	(Min.)	(psig)	(deg F)			
	0	1969.93	108.80	Initial Hydro-static		
	1	13.21	107.72	Open To Flow (1)		
	32	18.64	110.11	Shut-In(1)		
4	61	818.76	111.34	End Shut-In(1)		
Temperature (deg F)	62	20.17	110.97	Open To Flow (2)		
rature	92	22.40	112.61	Shut-In(2)		
(deg	124	719.48	113.60	End Shut-In(2)		
J	125	1922.49	114.02	Final Hydro-static		

DDECCLIDE CLIMANA DV

### Recovery

Length (ft)	Description	Volume (bbl)
10.00	HOCM o=30% m=70%	0.05

Gas Rates		
Choke (inches)	Pressure (psig)	Gas Rate (MMcf/d)

Trilobite Testing, Inc Ref. No: 041550 Printed: 2011.02.17 @ 11:42:42 Page 1



### DRILL STEM TEST REPORT

**FLUID SUMMARY** 

DNOC OND west #1-12

PO Box 372 **12-13s-22w Trego** 

Hays, Ks. 67601+0372 Job Ticket: 041550 **DST#:1** 

ATTN: R. Nelson Test Start: 2011.02.17 @ 05:14:05

**Mud and Cushion Information** 

Mud Type:Gel ChemCushion Type:Oil A Pl:deg A PlMud Weight:9.00 lb/galCushion Length:ftWater Salinity:ppm

Mud Weight:9.00 lb/galCushion Length:ftViscosity:57.00 sec/qtCushion Volume:bbl

Water Loss: 8.00 in<sup>3</sup> Gas Cushion Type:

Resistivity: ohm.m Gas Cushion Pressure: psig

Salinity: 3000.00 ppm Filter Cake: inches

### **Recovery Information**

### Recovery Table

Length ft	Description	Volume bbl
10.00	HOCM 0=30% m=70%	0.049

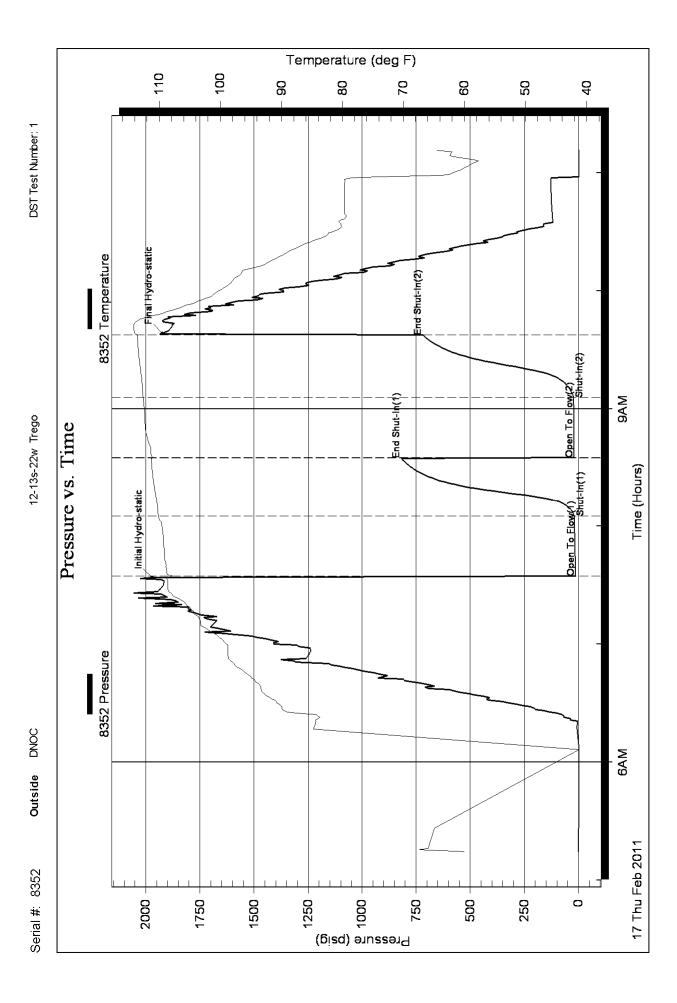
Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Trilobite Testing, Inc Ref. No: 041550 Printed: 2011.02.17 @ 11:42:43 Page 2



041550 Ref. No: Trilobite Testing, Inc

Page 3

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