

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1052633

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:			
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from Feast / West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()			
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	Amount of Surface Pipe Set and Cemented at: Feet		
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?		
OG         GSW         Temp. Abd.	If yes, show depth set: Feet		
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:		
Cathodic Other (Core, Expl., etc.):	feet depth to:w/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	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 #:	Operator Name:		
SWD Permit #:	Lease Name: License #:		
ENHR Permit #:	Quarter Sec TwpS. R East West		
GSW Permit #:	County: Permit #:		
Spud Date or Recompletion Date         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 #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes I	10		-	n (Top), Depth and		Sample
Samples Sent to Geolog	jical Survey	Yes I	10	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes I	10 10 10					
List All E. Logs Run:								
			SING RECOR					
		Report all string	s set-conductor	r, surface, inte	ermediate, producti	on, etc.		1
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Veight bs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

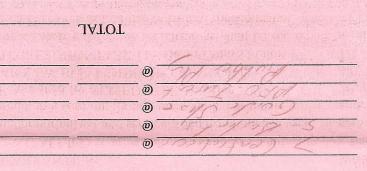
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record d of Material Used)	Depth			
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENHF	<b>λ</b> .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF (	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	mit ACC	)-18.)		Other (Specify)	)					

enter off as bets: "BIAOITICIAOD CIAA PARATT contractor. I have read and understand the "GENERAL done to satisfaction and supervision of owner agent or contractor to do work as is listed. The above work was and furnish cementer and helper(s) to assist owner or You are hereby requested to rent cementing equipment To Allied Cementing Co., LLC.

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RUSSELL, KANSAS 67665 REMITTO P.O. BOX 31

**SERVICE POINT:** 

Federal Tax I.D.# 20-5975804

**'711 ''** 032890 **ALLIED CEMENTING CO** 

To Allied Cementing Co., LLC. You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL Contractor. I have read and understand the "GENERAL

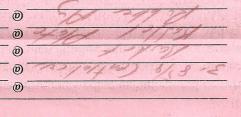
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### SALES TAX (If Any)-

**JATOT** 

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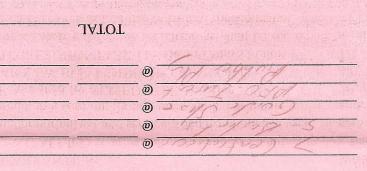
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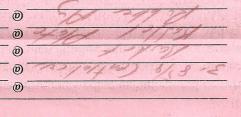
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