

Kansas Corporation Commission Oil & Gas Conservation Division

1055269

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:	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
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:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 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 rat line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures st, along with	s, whether s final chart(s	hut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	nole temp	erature, fluid			
Drill Stem Tests Taker (Attach Additional		Yes	☐ No		Log	g Formation	n (Top), Depth a	nd Datum		Sample			
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор		Datum			
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop)	d Electronically	☐ Yes ☐ Yes ☐ Yes	No No No										
List All E. Logs Run:													
		Report a		RECORD	New	Used	on, etc.						
Purpose of String	Size Hole Drilled	Size C Set (In	asing	Weig Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent additives			
		<u> </u> 	DDITIONAL	CEMENTIN	IG / SQUE	EZE RECORD							
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of 0	Cement	# Sacks	Used	Type and Percent Additives							
Shots Per Foot	PERFORATI Specify	ON RECORD - Footage of Each	Bridge Plug n Interval Peri	s Set/Type forated			cture, Shot, Ceme mount and Kind of N	nt Squeeze Record Material Used)	d 	Depth			
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:							
							Yes N	0					
Date of First, Resumed	Production, SWD or EN	IHR. Pr	oducing Meth	nod:	g 🗌 G	as Lift C	Other (Explain)						
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	BI	ols.	Gas-Oil Ratio		Gravity			
DISPOSITI	ON OF GAS:		N	METHOD OF	COMPLET	TION:		PRODUCTIO	ON INTER	VAL:			
Vented Solo	Used on Lease		n Hole	Perf.	Dually (nmingled mit ACO-4)						
(11 verneu, 3u	10./	Othe	r (Specify)				I —						

Form	ACO1 - Well Completion
Operator	Gore Oil Company
Well Name	Ross D 3
Doc ID	1055269

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Dual Receiver Cement Bond Log
Computer Processed Interpretation

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Well Name	Ross D 3
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Tops

Name	Тор	Datum
Anhydrite	1440	+689
Topeka	3076	-947
Heebner	3294	-1161
Toronto	3313	-1184
Lansing	3336	-1207
B/KC	3560	-1431
Conglomerate	3574	-1445
Arbuckle	3674	-1545

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3483-3489		
4	3514-3518		
4	3538-3542	1,500 GAL 20% SGA	3568
4	3552-3556	400 gal 15% MCA	3527
4	3578-3584		
4	3588-3594		

TICKET NO. 1922 14 # FL 70505 70 pr 60% @ 112 DESCRIPTION OF OPERATION AND MATERIALS 248x5% f.C. e. 1425 144:6550 10505 JAZ CSUB COM SWIFT Services, Inc. 70712 DUCKATION HARMON M/x PES70 11.47 START CAT @ 11.2 TO CLAC MUSS INTECTION BATE JOH COMPLETE MIKE Rud in 5 OPEN A CLUS A. STATE As 2 7257 CIRCOMY ASTASY the cuelas LXATORIA Exco Cony Persont 1877131 200 Gally LEASE
ASS
PRESSURE (PSI)
TUBING CASING 8 250 0001 280 250 250 383 450 ડુડ 7 PUMPS £ ٤ į 1 WELL NO. 1)-3 VOLUME (BBL) 46-459 4/2 2 0 30 0 3 2 R S 2 1/2 B RATE (BPM) 3.0 35 4:0 40 CU STOMER COLEE OIL 0350 88 TIME 5880 35.5 10,35 118 3 0/01 1015 JOB106 CHART NO.



TREATMENT REPORT

Customer			L ease No.	C		Date			****
Lease		5	Well #			-			
Field Order #	Station			S - C	Γ		- he-01	7.0	
# 9 9 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<	7 7 7	Ž,	C//S/		SI TO COUNTY	7	- 1	State
M	7 7 7 7	3	t collar 1	1425 CNW	Formation		Legal D€	Legal Description	
PIPE	PIPE DATA	PERFO	PERFORATING DATA	7A FLUID USED	USED		TREATMENT RESUME	RESUME	
Casing Size	Tubing Size	Shots/Ft	, SE	Acid	157 0	3 W/ BATE	PRESS	ISIP	
Depth /	Depth	From	10 30	Pre Pad	Ű,		1 No1e	5 Min.	
Volume	Volume	From	1	Pad	1	Min		10 Min.	
Max Press ⊬	Max Press	From	To_500	O GAL MUC	J 6/4.	Avg		15 Min.	
Well Connection	Annulus Vol.	From	0 / OI	1/08 18%	10 KG	HHP Used	1	Annulus Pressure	ure
Plug Depth	Packer Depth	+	-	Flush	20 7	Gas Volume		Total Load	
Customer Representative	esentative	2		ÌЙ	1 H 0	Tre	Treater // //	Miller	H.A.
	E SAASC	7 7 7 08 7	70970						
Driver Names			Par m	ike McGinu					
Time			Bbls. Pumped	Rate			Service Log	MAURICL	
200			-		207 NO	0.500	ty "5"	L cetwa	Plan 105
No. 14					5+1/12	51/2 CAS1	SIN	045 7	e-Joint
					17,16	(0) / (-10)	1 Shoe	4 LID.	BAFFL
					0071	(V) (V)	f 1-3-5.	7-11-6-6	V
					BAS 160	+ Bothom	0 F 1/6 4	54-Port	Collar 1425
000					20	1	DICKUPS	S	N.S.
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10244	10244 NE Hiway 61 • P.		. Box 861	0. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383	7124-861	3 • (620) 67.	2-1201 - Fax	r (620) 672-	5383
				* .				- Grand Color	000000000000000000000000000000000000000

CO., LLC. 041967 ALLIED CEMENTING Federal Tax 1.D.# 20-5975804

REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665

SERVICE POINT:

Kussell AS	JOB START 9.30PM	PAINUILLE KS 35 121E PRONTS SAMENS		001	AMOUNT ORDERED 100 SX COIM.	3% 46	N 150	90ZMIX (0) (0) (0) (20, 2) (60, 7) (60, 7)	CHLORIDE 5 @ 57.50 257,50						MILEAGE 110 / 1/2 (0 27 27 3375)	TOTAL 2906, 73	SERVICE	DEPTH OF JOB	ARGE	MILEAGE 20 @ 7.00 /40,00	MANIFOLD @	TOTAL 1/3/06	PLUG & FLOAT EQUIPMENT		© (6)	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
NOODELL, INTEREST OF OUR	DATE 10 - 18-10 7 10 17	LEASE POSS WELL # D - 3 LOCATION / 2/1/N OLD ORKNEW (Circle one)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2 44 T.D. 22	TUBING SIZE 32/ New DEPTH 22/		MAX	MEAS. LINE CEMENT LEFT IN CSG. / S	PERFS. S. R. R. R. L. DISPLACEMENT	EQUIPMENT	, down to be and	PUMPIRUCK CEMENIER <i>C対E444</i> # 417 HELPER /fea セル	BULKTRUCK # 48 DRIVER RASIN	ULK TRUCK	# DKIVEK	REMARKS:	23# Set & 221 Cement	1/3 88L & Shot (NIE 200#	ement 1	10 SUKFAEL	- JH4MK 13	CHARGE TO: STREET	CITYSTATEZIP		To Allied Cementing Co., LLC.	You are hereby requested to rent cementing equipment

IF PAID IN 30 DAYS

TOTAL

SALES TAX (If Any)

TERMS AND CONDITIONS" listed on the reverse side.

done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL

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

TOTAL CHARGES

DISCOUNT

TI DAME

PRINTED NAME NAME

SIGNATURE V