

Kansas Corporation Commission Oil & Gas Conservation Division

1056413

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:	Sec Twp S. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	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 ☐ 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?
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: Conv. to ENHR	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 TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date 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 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	sures, 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 Casing Set (In O.D.)		Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone Depth Top Bottom Type of Cement			ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	performance of Each Interval Performance of E						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)			

Operator License #: 34261	API #: 207-27801-0000				
Operator: L & L Oil, LLC	Lease: Leis-WP				
Address: 14208 Parkhill St, OP KS 66221	Well #: 5-D				
Phone: (816) 885-2760	Spud Date: 04-12-11 Completed: 04-12-11				
Contractor License: 32079	Location: NW-SE-SW-SE of 6-25-16E				
T.D.: 982 T.D. of Pipe: 971	495 Feet From South				
Surface Pipe Size: 7" Depth: 42	3465 Feet From West				
Kind of Well: Oil	County: Woodson				

LOG

Thickness	Strata	From	То	Thickness	Strata	From	То
26	Soil & Clay	0	26	18	Lime	839	857
75	Shale	26	101	5	Shale	857	862
34	Lime	101	135	5	Lime	862	867
3	Shale	135	138	16	Shale	867	883
25	Lime	138	163	22	Lime	883	905
24	Shale	163	187	5	Black Shale	905	910
32	Lime	187	219	3	Lime	910	913
10	Shale	219	229	9	Shale	913	922
71	Lime	229	300	6	Oil Sand	922	928
22	Shale	300	322	32	Shale	928	960
56	Lime	322	378	2	Lime	960	962
3	Black Shale	378	381	2	Shale	962	964
3	Lime	381	384	2	Lime	964	966
55	Shale	384	439	2	Trace oil sand	966	968
74	Lime	439	513	14	Shale	968	982
4	Black Shale	513	517				
29	Lime	517	546				
3	Black Shale	546	549				
19	Lime	549	568		T.D.		982
2	Shale	568	570		T.D. of Pipe		971
12	Lime	570	582				
150	Shale	582	732				
5	Lime	732	737				
21	Shale	737	758				
11	Lime	758	769				
3	Black Shale	769	772				
61	Shale	772	833				
4	Lime	833	837				
2	Shale	837	839				



TICKET NUMBER 30419

LOCATION EVIEL a L'S

FOREMANRICE Ladford

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

FIELD TICKET & TREATMENT REPORT

API "15-207-27801-00-00 CEMENT CUSTOMER# DATE TOWNSHIP **WELL NAME & NUMBER** RANGE COUNTY WP "50 4-14-11 6 25 16E Woodson CUSTOMER TRUCK# DRIVER TRUCK# DRIVER 520 $\sqrt{6}$ 491 CITY ZIP CODE 106221 15 HOLE DEPTH 982**HOLE SIZE CASING SIZE & WEIGHT** CASING DEPTH 977 TUBING 27/8 **DRILL PIPE** OTHER WATER gal/sk_ 7 ° SLURRY WEIGHT /// SLURRY VOL 35 BB1 CEMENT LEFT in CASING DISPLACEMENT 56 DISPLACEMENT PSI 250 MIX PSI 500 Bung als BIRDY CHILDATION phenosed/su: 250 PSI.

THANK YOU

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975 00	975.00
5406	36	MILEAGE	11.00	1.20.00
(12)	1116			1673 00
1131	140 3KS 480#	100/10 Pozmir cement	11.95	96 00
1107	70**	1/2 # pherosmal /sx	1 22	85.40
1102	120#	100 caccz	70	84 60
111813	260*	gel-flush	. 20	40 00
5407	6.02	ton mileage bulk tok	m/c	330.00
1402	2	27/8' top rulberplugs	27.00	56 00
			-	
			subtata)	3459 4
rin 3737		7.3%	SALES TAX	148.51
	1500	TITLE LY LOI	ESTIMATED TOTAL /	3607.9

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.