

#### Kansas Corporation Commission Oil & Gas Conservation Division

1056713

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 Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [		Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc.  Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (	00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Perforate Protect Casing Plug Back TD		# Sacks Used	# Sacks Used		Type and F	Percent Additives	
Shots Per Foot	PERFORATIO Specify F		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth					
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						



LOCATION Euler 185

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

### **FIELD TICKET & TREATMENT REPORT**

620-431-9210	or 800-467-8676			CEMENT	r API # /	5-207-27803	-00-00.	
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
4-14-11		Leis WI	2 760		6	25	16E	Woodson
CUSTOMER	-L 011 L	LC :			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS			1 . [	520	John	Part I	
1420	58 Parmill SI				431	Steve (E)	ciala)	
CITY	•	STATE	ZIP CODE	] [	-			
Overla	nd Park	又5	46221	] [				
JOB TYPE love	sisterna 0	HOLE SIZE	57/8	HOLE DEPTH	1000'	CASING SIZE & V	VEIGHT	
CASING DEPTH	993'	DRILL PIPE		_TUBING_ <i>22/</i>	9	<u> </u>	OTHER	·
SLURRY WEIGH	IT <u>///</u> 77	SLURRY VOL	35 <i>Bы</i>	WATER gal/sk	7.0	CEMENT LEFT in	CASING O	
DISPLACEMEN'	τ <u> </u>	DISPLACEMENT	PSI 250	MIX PSI 500	Burp pluss	RATE		
REMARKS: 5	afety meet	ing - Ria u	to 27	& Libing.	BIRAX CI	reletion w/	<u>5 Bb1 -</u>	fresh
Water Pr	inp 4 3KS	gel-flush.	5 Bbl 1	jatu space	or Mixed	140 SKS 60,	140 POZMIY	cenunt
w/ 470	901, 1% caci	2 + 12 + phen	05PG1 /3K	@ 11 tool.	Shut down	, washart	Duns + 1.1	V23,
drop 2	plus Dis	place w/ 5.	8 BbI fre	esh water.	Final pune	ovessure 250	PSI. Bung	مالان
to 500	PSI Shut	well in @	500 PSI.	Good cen	at returns	to susface -	5 561 1	u/(·)
	Job complet							
A			·					
<u> </u>								

#### THANK YOU

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975 00	975 00
5406	<b>1</b>	MILEAGE	nlc	0/4
1131	140 5115	100140 Pozmir cement	1195	1673 00
11188	480#	470 91	-20	96 00
1107	70 <sup>#</sup>	42 # phenoson / SX	1.22	85.40
1102	120#	Mo (acc2	70	84 00
11123	200+	gel-flish	,20	40.00
5407	602	ton mileage bulk tir	n/c	330 00
-				3 = 00
19902	2	27/2 top whole plas	2700	56 00
	<u> </u>	Ticket # 30119 = #3607.91		
	· · · · · · · · · · · · · · · · · · ·	Ticut " 30420 = 3 3487.91		
		ν 7075. 82		
		-5% disc3354.79	subtotal	3339 1/2
vin 3737	$\overline{}$	\$6741.03 Tela) 7.35		1485
'III 373/	1/2/1/		ESTIMATED TOTAL /	3487.71
UTHORIZTION		on TITLE LAL	DATE 4///4	<del></del>

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.

Operator License #: 34261	API #: 207-27803-0000			
Operator: L & L Oil, LLC	Lease: Leis-WP			
Address: 14208 Parkhill St, OP KS 66221	Well #: 6-D			
Phone: (816) 885-2760	Spud Date: 04-13-11 Completed: 04-14-11			
Contractor License: 32079	Location: SW-SE-SW-SE of 6-25-16E			
T.D.: 1000 T.D. of Pipe: 993	165 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
24	Soil & Clay	0	24	17	Lime	839	856
75	Shale	24	99	6	Shale	856	862
33	Lime	99	132	4	Lime	862	866
3	Shale	132	135	16	Shale	866	882
26	Lime	135	161	21	Lime	882	903
25	Shale	161	186	3	Black Shale	903	906
30	Lime	186	216	3	Shale	906	909
10	Shale	216	226	3	Lime	909	912
76	Lime	226	302	7	Shale	912	919
21	Shale	302	323	9	Oil Sand	919	928
52	Lime	323	375	32	Shale	928	960
3	Black Shale	375	378	1	Lime	960	961
3	Lime	378	381	39	Shale	961	1000
64	Shale	381	445				
67	Lime	445	512				
5	Black Shale	512	517				
28	Lime	517	545				
4	Black Shale	545	549				
18	Lime	549	567		T.D.		1000
3	Shale	567	570		T.D. of Pipe		993
11	Lime	570	581				
149	Shale	581	730				
5	Lime	730	735				
24	Shale	735	759				
10	Lime	759	769				
3	Black Shale	769	772				
61	Shale	772	833				
4	Lime	833	837				
2	Shale	837	839				