



KANSAS CORPORATION COMMISSION 1056733
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: _____



1056733

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--



CONSOLIDATED
Oil Well Services, LLC

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

1st well

TICKET NUMBER 52160
FIELD TICKET REF # 44911
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-11		M. Melander B2-11				MG
CUSTOMER		Finney Oil & Kyler Finney				
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

* Safety meeting

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Wes		
478T86	Mark		
453T91	Marvin		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
653-69 (39)	Wayside

TYPE OF TREATMENT
dumpspot - ABO - Frac

CHEMICALS

Biocide	Acid
StimOil	inhibitor
Friction Reducer	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	35	15			500	BREAKDOWN 800
20-40		15	15		900	START PRESSURE 300
20-40		14.5	1.0		900	END PRESSURE 500
20-40		14.5	1.0		900	BALL OFF PRESS 500
20-40		14.5	1.5		900	ROCK SALT PRESS ABO
20-40		15	1.5	4,000#	950	ISIP 275 200- VACUUM
12-20 + (5) + (5)		15	1.0		1100	5 MIN
12-20 + (5) ballsealers		15	1.5		1200	10 MIN
12-20		15	1.5		1300	15 MIN
12-20		15	2.0			MIN RATE 3.5
12-20		15	2.0	3,000#		MAX RATE 15
FLUSH CASING	4	15			1200	DISPLACEMENT 3.8
OVERFLUSH	5		TOTAL	7,000#	1200	
TOTAL BBL'S	188		SAND			

REMARKS: * held safety/ppe/procedure meeting - dump spot 50 gal-15% HCL acid on perfs - load casing & breakdown - stage acid x1 acidize @ 4 bpm w/ 350 gal-15% HCL acid + (50) ballsealers - flush till max ball-off psi achieved- 300-500 - release balls & overflush casing 5 bbls - bleed well psi down & knock balls off w/ swabline
TOTAL BBL'S ABO 31
location 9:45 AM - 11:55 AM 40 miles

AUTHORIZATION Kyler Finney TITLE _____ DATE 4-12-11

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **27392**

LOCATION Ottawa KS

FOREMAN Fred Moder

*Recorded
01/18/11*

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/18/11	2880	M. Melander # B2-11	2	34	14	MG
CUSTOMER <u>Finney O.I.</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 87</u>			506 Fred Sotolby MG			
CITY STATE ZIP CODE			368 Ken K.H.			
<u>Wann OK 74053</u>			503 Derek DM			

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 715 CASING SIZE & WEIGHT 2 1/8" EUE
 CASING DEPTH 710 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.12 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel flush.
Mix & Pump 105 sks. 50/50 Por Mix Cement 2% Gel 5% Salt
5# Kol Seal / sk. Cement to surface. Flush pump & lines clean
Displace 2 1/2" Rubber Plug to casing TD w/ 4.12 BBLs Fresh Water
Pressure to 700# PSI. Release pressure to set flood valve.
Shut in casing.

Finney Drilling Fred Moder
Customer Supplied Water.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	-0-	MILEAGE Trucks on lease		N/C
5402	710'	Casing footage		N/C
5407	1/2 Minimum	Ton Miles		165 ⁰⁰
1124	105 sks.	50/50 Por Mix Cement		1097 ²⁵
1118B	277#	Premium Gel		554 ⁰
1111	203#	Granulated Salt		71 ²⁵
1110A	525#	Kol Seal		231 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		less 5%		135.81
		Total		2580 ³⁰
		6.3%	SALES TAX	934 ¹
			ESTIMATED TOTAL	2716 ¹¹

AUTHORIZATION _____ TITLE _____ DATE _____
 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.