

## Kansas Corporation Commission Oil & Gas Conservation Division

1056761

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

Name:   Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R 🔲 East 🗌 West
Contact Person:	Address 2:	Feet from North / South Line of Section
NR	City:	Feet from _ East / _ West Line of Section
CONTRACTOR: License #         County:           Name:         Wellsite Geologist:           Purchaser:         Posignate Type of Completion:             New Well         Re-Entry         Workover             Oil         WSW         SWD         SIOW             Gas         D&A         ENHR         SIGW             OG         BA         ENHR         SIGW             OG         GSW         Temp. Abd.             CM (Coal Bed Mehane)         GSW         Temp. Abd.             If Workover/Re-entry:         Old Well Info as follows:           Operator:         Well Name:           Original Comp. Date:         Original Total Depth:             Deepening         Re-perf.         Conv. to GSW             Plug Back:         Plug Back Total Depth             Commingled         Permit #:         Dewatering method used:             Location of fluid disposal if hauled offsite:         Operator Name:             Lease Name:         License #:             Quarter         Sec.         Twp. S. R.         East West             County:         Permit #:         County:         Permit #:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Lease Name:	Phone: ()	□NE □NW □SE □SW
Wellsite Geologist:	CONTRACTOR: License #	County:
Purchaser:	Name:	Lease Name: Well #:
Designate Type of Completion:  New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd.  If Workover/Re-entry: Old Well Info as follows:    Grain Comp. Date: Original Total Depth: Corov. to GSW Plug Back: Plug Back Total Depth Shis BND Permit #: Lease Name: License #:   GSW Permit #: Quarter Sec. Twp. S. R. East West County: Permit #:	Wellsite Geologist:	Field Name:
New Well	Purchaser:	Producing Formation:
New Well	Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
Oil		, ,
Well Name:	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:
Well Name:Original Total Depth:	Operator:	
Original Comp. Date: Original Total Depth: bbls  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 #:  GSW Permit #:  Original Total Depth: bbls  Chloride content: ppm Fluid volume: bbls  Dewatering method used: bewatering method used:  Dependence: bolt print disposal if hauled offsite:  Operator Name: License #:  Quarter Sec Twp S. R East West  County: Permit #:	Well Name:	
GSW Permit #: County: Permit #:	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 #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name: License #:
	Spud Date or Date Reached TD Completion Date or	

## **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.

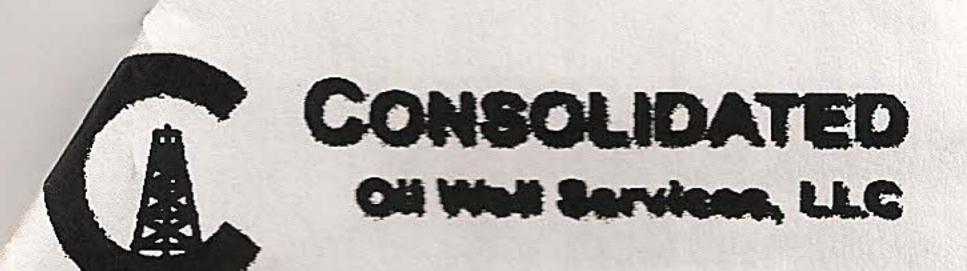
**Submitted Electronically** 

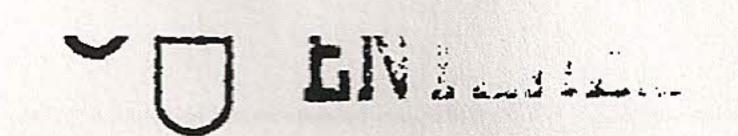
KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

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.)		Weight Lbs. / Ft.		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		Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	oot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo						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	ETHOD OF COMPLETION:			PRODUCTION INTERVAL:		
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ( (Submit AC		nmingled mit ACO-4)			





TICKET NUMBER 2995

LOCATION EUREKA

FOREMAN Kevin McCoy

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
11-23-10	4823	Eggers	2-10		33	255	15E	Woodson
CUSTOMER,				SAFETY				
Le	15 OIL SER	vices LLC		Meeting	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS				445	John S.		
507	7 S. State			JAN JAN	543	DAVE		
CITY		STATE	ZIP CODE	mE	437	Jim		
yAte.	s Center	Ks	66783	DG				
JOB TYPE LOT	vgstring 0	HOLE SIZE 5	7/8	HOLE DEPTH	1253'	CASING SIZE & V	VEIGHT	
CASING DEPTH	l	DRILL PIPE		TUBING 27/	Set@ 124	16	OTHER	
SLURRY WEIGHT 13.9 * SLURRY VOL 40 866			WATER gal/s	sk CEMENT LEFT in CASING O				
DISPLACEMEN'	T 7.2 BbL	DISPLACEMEN	T PSI 400	MIX PSI 900	Shut IN	RATE		
REMARKS: SA	Fety Meeting	: Rig up 7	to 27/8 Tu	bing. BREA	K CIRCUlatio	N W/ 5 BBL 7	Fresh water	ee. Pump
						Pozmix Cem	2000 NOVEL 18 NOTE DO NOTE TO SELECT A LABORATOR AND AND A SERVICE OF COLORS OF COLORS AND ADDRESS OF THE COLORS	
						Pump & Lines		
Displace	w/ 7.2 Bbl	Fresh wat	ee. FINAL	Pumping F.	Ressure 400	PSI. Bump Plu	95 % 1200	
Tubing in	2 900 PSI. 3	BBL Ceme	nt Slugary	1 to Pit.	Job Compl	ete. Rig down		

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1131	150 SKS	60/40 Pozmix Cement	11.35	1702.50
1118 B	515 *	Gel 4%.	.20	103.00
1102	130	CACLZ 1%	. 75	97.50
1107 A	75	Pheno Seal 1/2*/sk	1,15	86.25
1118 B	200	Gel - Lush	,20	40.00
5407	6.45 Tons	TON Mileage BULK DeLV.	M/c	315.00
5502 C	2.5	80 BLL VAC TRUCK	85.00	212-50
4402		27/8 Top Rubber Plugs	23.00	46.00
			Sub TOTAL	3637.25
		/ HANK You 7.3%	SALES TAX	151.50
vin 3737	1011	238324	ESTIMATED	3788.75
UTHORIZTION_	1 Como	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