

Kansas Corporation Commission Oil & Gas Conservation Division

1056762

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 🗌 East 🗌 West
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?
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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:
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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.

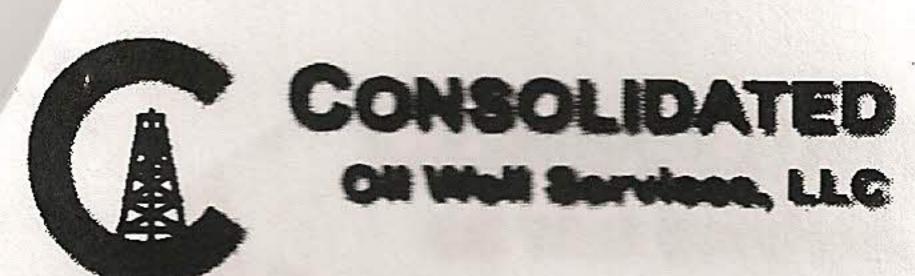
Submitted Electronically

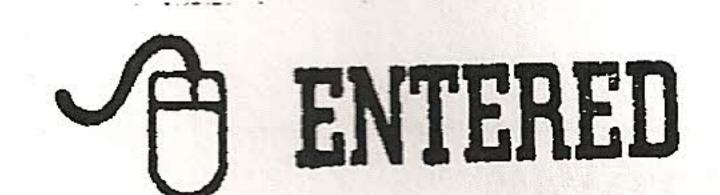
KCC Office Use ONLY						
Letter of Confidentiality Received						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I III Approved by: Date:						

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	le Size Casing		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	PERFORATION RECORD - Bridge Plugs S Specify Footage of Each Interval Perfora			s Set/Type orated			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 ((Submit AC		nmingled mit ACO-4)			





TICKET NUMBER 29926

LOCATION Evera 125

FOREMAN Lick 2 defend

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	
11-16-10	4823	3-10						Woodson
CUSTOMER,				Safety				16.76.77
	2is (3i)	Services		mesting	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	:55			33 00	520	John		
	07 5. 5	tate			543	Ogve		
CITY		STATE	ZIP CODE					
Yat	tes Conte	125	166783					
JOB TYPE / Or	nstrong 0	HOLE SIZE_	571y	HOLE DEPTH	1232'	CASING SIZE & W	EIGHT	
CASING DEPTH		DRILL PIPE		TUBING 23			OTHER	
SLURRY WEIGH	T_/3/#	SLURRY VOL	37 Bb1			CEMENT LEFT in		
DISPLACEMENT	7.1 061	DISPLACEMEN	NT PSI 300	MINEPSI 280	Shirting	RATE		
REMARKS:	afety ment	inar 0.0		236" 4 1	Beer	creulation u	1	
fresh	Water Ou	4 4	e sol-Sli	1 3 P	J. J.	ter. Aired	4 10 B	
100 / VA	Dessin con	αρ / <u>J~</u>	1/02 - 1	1m -	NA I	re / Rea	130 SES	
1	L CE	1	7 70 921,	170 Caciz	+ 72 " pherose	1/312 @ 13	7 / 991.	
Washo	of purp +	IMS 5	but down,	drap 2	plugs.) solace 1/	7. Bb1	
tresh	water ting	1 puns pr	255UM 300	PSI. Bu	ne 0/193 to	DIO PSI.	shut casing	
in. C	bond cement	returns	to surface	e Job	camplete P.	· dans		

"Thank Ya"

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	925.00	925.00
5486		MILEAGE in field	2/6	NC
1131	150 5KS	60/40 Pazmix cerest	11.35	1702.50
11186	5/5*	420 sel	.20	103.00
1102	130*	170 Cact2	.25	97.50
1107A	25*	1/2# pherexed /sk	1.15	86.25
11183	200#	ger-flush	. 20	40.00
5400	6.45	ten mileage bulk tox	m/c	315.00
4402	2	22/3" top subber plugs	23.00	46.00
		590 Oiscount 4173.35		
		#3293 ₂ 40	Sub total	33/5.25
in 2727		Od Cr. # 1931 7.32	SALES TAX	151.50
in 3737	11 41.	238184	ESTIMATED	3466.75
THORIZTION		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.