

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1058222

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:	
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: ()	
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:
	Amount of Surface Pipe Set and Cemented at: Feel
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
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:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	On eventer Nome
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date 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 II Approved by: Date:

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sho	eets)	Yes	No		Log Forma	ation (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes	No	Na	me		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy) List All E. Logs Run:	Electronically	☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No					
					New Used			
	1	Report al	I strings set-c	conductor, surface, ir	itermediate, proc	duction, etc.	1	1
Purpose of String	Size Hole Drilled	Size Ca Set (In		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			-					

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			ļ		ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS: METHOD OF COMPLI		TION:		PRODUCTION INTER	RVAL:					
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit /		Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC)-18.)		Other (Specify)						

WELL LOG

Thickness of Strata	Formation	Total Depth
	1	

rantive

AUTHORIZTION

e c	ONSOLIDATED			TICKET NUME	BER32	<u>601</u>
	Di Well Services, LLC			LOCATION_		
					FredMac	des
	anute, KS 66720 F pr 800-467-8676	IELD TICKET & TREAT CEMEN		ORT		
DATE	CUSTOMER # W	ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
G/14/11 CUSTOMER	2571 Wind	1+r #33.	10 21	18	24	mi
	A Loullie	the van fart	TRUCK #	DRIVER	and the second se	
MAILING ADDRE	ss	Mr. van For	TRUCK #	Fred	TRUCK# Safety M	DRIVER
30847	. Indrawall	Rd	50%	Casey	Correct In	-
CITY	STATE	ZIP CODE	548	Tim	-71	
Paola	KS	66071				
JOB TYPE 60	MS Stran HOLE SIZE	1 HOLE DEPTH	540	CASING SIZE & V	VEIGHT 2%	EUE
CASING DEPTH	523 DRILL PIPE	Pin in TUBING @	518		OTHER	F.c.
SLURRY WEIGH	T SLURRY VC	L WATER gal/si	ĸ	CEMENT LEFT In	CASING 5 -	+ Plug
DISPLACEMENT	3 BBC DISPLACEN				<i>m</i> .	*
REMARKS: E	stablish circ		Pump 10	ot premit	un Coli F	Jush
<u>m:</u>	rt Pump 7		CONTRACTOR OF THE OWNER OWNE	Cement à	2 Zo Cul	
	ment to Sovter	e. Flush Pump	2 + line	clean. E	Displace	2'2
	bber plug to	Course MM is	n casing	w/3.0		resh
<u> </u>	ter, Pressure.	to 780 # PS1.	HONDPLE	ssure for	30 min	MIT
Sh	it in caring.					
Du	E I I N					
A.C		20		1	ul mad	A CONTRACTOR OF CONTRACTOR OFO
loui	n Ur. King				un Maa	<u>~</u>
ACCOUNT	QUANITY or UNITS	DESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE				97500
5406	40mi	MILEAGE			and the second	16000
5402	523	Casily footo	ecre			NK
5407	Monmun	Ton miles	1			33000
1124	72 5	is SO/SO Por M	ix come	x		7524
1118B	221#	Promium 6	el			44 -
4402	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Premium 6 25" Rubber	Protesta			2500
1					:	
		WO # 2420	7/2			
and the second second						
and the state of the state						
Ravin 3737				7.55%	SALES TAX ESTIMATED	6226
	1 - 1				TOTAL	2337 -

Lacknowledge 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 to

TITLE_

DATE

County, KSTown Oil Company, Inc.Commenced Spudding:Well: Windler #33(913) 294-21256/10/2011 Lease Owner: Keith Crawford

WELL LOG

Thickness of Strata	Formation	Total Depth
14	soil clay	14
12	lime	26 drum
12	shale/slate	38
31	lime	69
8	shale/slate	77
20	lime	97 bethany falls
4	shale/slate	101
3	lime	104 KC
4	shale/slate	108
6	lime	114 hertha
3	shale	117
4	lime shells	121
14	shale	135
4	sand	139 good show/oder
7	sandy shale	146 green
94	sandy shale	240 grey
4	lime shells	244
28	sandy shale	272 green
7	limey sand	279 green no show peru
7	lime	286
37	shale	323
5	lime	328
6	shale	334
7	lime	340
8	slate	348
2	limeshells	350
10	lime	360
11	shale	371
4	lime	375
5	shale	380
5	sandy shale	385
28	lime	413
4	shale	417
8	lime	425
9	shale slate	434
3	lime	437
14	shale	451
5	lime shells	456
36	sandy shale	492 green
3	sand	495 good color, solid

4	sand	499 broken good bleed
41	shale	540 T.D.
	1	
	1	
		1

Core				
Time Elapsed	Feet	Dep	oth Tir	ne
	29	1	493	20
	32	2	494	1:11
	30	3	495	1:41
	30	4	496	2:09
	34	5	497	2:43
	32	6	498	3:25
	30	7	499	3:55
	35	8	500	4:30
	34	9	501	5:04
	27	10	502	5:31
	32	11	503	6:03
	30	12	504	6:33
	30	13	505	7:03
	30	14	506	7:33
	29	15	507	8:02
	30	16	508	8:32
	30	17	509	9:02
		18	510	
		19	511	
		20	512	