

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

1060255

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: 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 ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?  Yes No
Gas Box Sigw Sigw Temp. Abd.  CM (Coal Bed Methane)	If yes, show depth set: Feet
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
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  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:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
ENHR Permit #:	
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 I II 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
		N	Name		Тор		Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes						
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	Depth Top Bottom	Type of Cement	# Sacks Used	sed Type and Percent Additives				
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				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	ols. (	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D (Sub	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	DN INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						

Form	ACO1 - Well Completion
Operator	R. P. Nixon Operations, Inc
Well Name	LEIKER 6
Doc ID	1060255

## All Electric Logs Run

RAG
Borehole Comp. Sonic
Micoresistivity
Dual Comp. Porosity
Dual Induction
CPI

Form	ACO1 - Well Completion
Operator	R. P. Nixon Operations, Inc
Well Name	LEIKER 6
Doc ID	1060255

### Tops

Name	Тор	Datum
Anhydrite	1034'	+916
Topeka	2905'	-956
Heebner	3128'	-1177
Toronto	3144'	-1196
Lansing	3178'	-1227
Base KC	3412'	-1465
Pleas. Conglomerate	3425'	-1482
Arbuckle	3478'	-1532

# ALLIED CEMENTING CO., LLC. 036466 Federal Tax I.D.# 20-5975804

EMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SERVICE POINT:				
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MEAS. LINE SHOE JOINT	POZMIX			
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DISCOUNT \_

IF PAID IN 30 DAYS

# ALLIEU CEMENTING CO., LLC. 034023

Federal Tax I.D.# 20-5975804

RUSSELL, KANSAS 6766				VICE POINT.	EN SERVICE
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