



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1061964

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1061964

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 243543

Invoice Date: 08/19/2011 Terms:

Page 1

CROSS BAR ENERGY LLC
100 S. MAIN, SUITE 400
WICHITA KS 67202
(316) 239-6151

BURKETT C #CW1
31459
08-18-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	75.00	11.9500	896.25
1118B	PREMIUM GEL / BENTONITE	260.00	.2000	52.00
1137	CDI-26	16.00	7.6200	121.92
1123	CITY WATER	3000.00	.0156	46.80
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
4156	FLOAT SHOE 4 1/2"	1.00	238.0000	238.00

	Description	Hours	Unit Price	Total
436	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
437	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
445	CEMENT PUMP	1.00	975.00	975.00
445	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
611	MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1399.97 Freight: .00 Tax: 102.21 AR 3427.18
Labor: .00 Misc: .00 Total: 3427.18
Sublt: .00 Supplies: .00 Change: .00

Signed _____ **Date** _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



ENTERED

TICKET NUMBER 31459

LOCATION *EUREKA*

FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT

 K_5

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
8-18-11	2598	BURKETT C *CW1					Gw	
CUSTOMER				HURRICANE WELL SERVICE				
CROSSBAR ENERGY LLC					TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS					445	DAVE G.		
100 S. MAIN STE 400					611	CHRIS B.		
CITY		STATE	ZIP CODE		436	SHANNON F.		
WICHITA		KS	67202		437	JOEY K.		

JOB TYPE <u>4 1/2 Liner</u>	HOLE SIZE <u>10.5"</u>	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>5 1/2</u>
CASING DEPTH <u>2025'</u>	DRILL PIPE _____	TUBING _____	OTHER <u>BP @ 2030'</u>
SLURRY WEIGHT <u>13.3#</u>	SLURRY VOL <u>21</u>	WATER gal/sk <u>7.5</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>32.7 bbl</u>	DISPLACEMENT PSI <u>1350</u>	MAX PSI <u>1700 Bump Plug</u>	RATE _____

REMARKS: Safety Meeting: 4 1/2 Liner Set @ 2025'. Rig up to 4 1/2 Liner. Load Casing w/ 32.7 BBL water. Good Fluid Returns to Surface. Pump 10 Additional BBL water. Mixed 75 sks 60/40 Pozmix Cement w/ 4% Gel, 1/4% CDI-26 @ 13.2*/gal = 21 BBL Slurry. Shut down. wash out Pump & Lines. Release Plug. Displace Plug to Seat w/ 32.7 BBL Fresh water. Final Pumping Pressure 1350 PSI. Bump Plug to 1700 PSI. Release Pressure. Float Held. Shut Casing in @ 0 PSI. Good Cement Returns to Surface = 8 BBL Slurry to Pit. Job Complete. Rig down.

[illegible]

Bayin 3737

AUTHORIZTION

TITLE *Cross Bar Co. Rep.*

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.