

Kansas Corporation Commission Oil & Gas Conservation Division

1062188

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
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?
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 #:	Quarter Sec Twp S. R
☐ 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 II III 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
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
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: Depth Top Bottom Type of Cemer — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		Type of Cement	# Sacks Used		Type and F	Percent Additives		
Shots Per Foot	PERFORATIO Specify F				cture, Shot, Cement mount and Kind of Ma	•	d 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 Bbls.		bls. (Gas-Oil Ratio Gravity	
			Perf. D	D OF COMPLETION: Dually Comp. (Submit ACO-5) (Submit ACO-4) PRODUCTION INTERVAL:			ON INTERVAL:	
(If vented, Sub	mit ACO-18.)	Other (Specify) _						



TICKET NUME	31880
LOCATION_C	Haua 105
FOREMAN_C	asey Kennedy

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

20-431-9210 or 800-467-8676 CEMENT								
DATE	CUSTOMER#		NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/21/11	7806	S. Kems	onidh a	22-7	sw 22	20	20	AN
CUSTOMER	ater Inc.				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE					506	Casken	Ck_	
6421 A	pondale Di	Suite =	32		368	Kentam	KH	
CITY		STATE	ZIP CODE		503	Timber	TAW	
Oklahoura	Che	OK	73116		369	Arl McD	AM	
JOB TYPE 6		HOLE SIZE	5/8"	HOLE DEP	740'	CASING SIZE & W	EIGHT 27/8	FUE
CASING DEPTH	1-10-1	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL		WATER gal	/sk	CEMENT LEFT in	CASING 2/2	rubber dus
DISPLACEMEN		DISPLACEMENT	PSI	MIX PSI		RATE 4 60	m	
REMARKS: h	eld safety		The second secon	hed cire	lation mi	xed & praise	d 100#	Fremivan
Gel follo	wed by	11 11/1	water	•		140		Sm,X
	1/201 1401		225	4	1 -1.12.	Alalad me	e done	dispeed
31/2 " C" M	secolus de	acina TD	w/ 4.2	2665 4	esh water.	possura t	700 PS	released
001612	12 84 4	last value	histi	~ casivo				<u> </u>
The state of			1				1	
			37.7					
ACCOUNT	QUANIT	or UNITS		DESCRIPTION	of SERVICES or PI	RODUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHAP	RGE Cem	ent pours			975.00

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pour			975.00
5406 5402	On location	MILEAGE prup truck			1/0
5402	725'	casing footage			NC
5407	1/2 minimum	to mileage			165.00
5802C	1.5hrs	80 Lb/ Vac Truck			135.00
1124	108 sks	50/50 Poznix Cement			1/22.60
1124 1118 B	281 #	Fremion Gel			56.20
4462	1	Fremion Gel 21/2" rubber plug			26.00
		11			
		107240874	•		
			7.8%	SALES TAX	94.59
Ravin 3737				ESTIMATED	2582.39

AUTHORIZTION 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.