

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1062792

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:	Sec TwpS. R East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:	+ Feet from Feet / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry We	orkover Total Depth: Plug Back Total Depth:
Oil WSW SWD	SIOW Amount of Surface Pipe Set and Cemented at: Feet
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 De	oth:
	Chioride content:ppm Fluid Volume:bbis
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back	Total Depth Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	
SWD Permit #:	
ENHR Permit #:	Quarter Sec TwpS. R East 🗌 West
GSW Permit #:	County: Permit #:
	bletion Date or mpletion 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:	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 She	eets)	Yes [	No		] Log ame	Formatior	n (Top), Depth and	d Datum Top	Sample Datum
Samples Sent to Geolog	gical Survey	Yes	No		anne			юр	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes	No No No						
List All E. Logs Run:									
			CASING R	RECORD	New [	Used			
		Report all st	trings set-co	onductor, surface,	intermed	diate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Size Casiı Set (In O.I		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					Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF (	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit )	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC	)-18.)		Other (Specify)						

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		IN SAMEL	614					
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		OKI	NENI KEN	ATABAT &			Anute, KS 667	
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00 '946		PUMP CHARGE	1	10/75
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		1000		a state and the second
		(in the causes a service)		

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 this form.

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Oil Well Service	s, LLC		I wa		LOCATION /	eter }	1
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PO Box 884, Chanute, KS 6672 620-431-9210 or 800-467-8676	20	TREA				a can for	A
620-431-9210 01 800-407-0070			RAC & A				0
DATE CUSTOMER #	WELL	NAME & NUMB		SECTION	TOWNSHIP	RANGE	COUNTY
DATE COOTOMENT	Had	#11					MG
CUSTOMER	nalge	5 11 7					7110
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CASING WEIGHT	PLUG DEPTH			Acidsont -	- Frac		
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STAGE	BBL'S	INJ RATE	PROPPANT	SAND / STAGE	PSI		
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12.20		1	15-1,0	150"	/	END PRESSURE	
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Terms and Conditions are	printed on rev	verse side.					

		DELIVERY TICKE	T			1
SINCE 1889	915 N. PENN •	WOODS LUMBER NDEPENDENCE, KS P.O. BOX 528 • INDEP	5., INC.	S. 67301	PA	UE 10TH OF THE
INDEPENDENCE		(620) 331-4900				OWING PURCHASE.
		receipt required on ALL	revurns			
		special orders are NON-R				
CUSTOMER NO. JOB NO. PURCHASE ORDER NO. *6	0.	REFERENCE	TERM CASH, CHECK,	Contraction of the local division of the loc	CLERK RND	DATE TIME 5/27/11 10:16
S O **** CASH **** D	S H 1 F			T	ERM#566	DOC# D58866
T O FINANCE CHARGE will be added to all accou 18% PER ANNUM) on the first \$1000.00. 1.2% \$1000.00 (Minimum 50¢).	T O unts 30 days or o per month (14.45%	67301 older. Equal to 1.5% per mo PER ANNUM) on balance of	SLSPR: TAX :	rd randy di 001 sales ti		* INVOICE * ********
OUANTITY ORDERED SHIPPED UM SKU	Construction of the local division of the lo	DESCRIPTION		UNITS	PRICE/PER	EXTENSION
20 BG MC 1 EA 609425	SWEEPI	RE-MIX CONCRETE MIX NG COMPOUND 1004 OD/CONCRETE FLOORS		20 1	2. 99 /BG 29. 93 /EA	59.80 S 29.99
		** PAYMENT RECEIVED ** ** PI		97.47	Taxable Non-taxable Subtotal	89. 79 0. 00 89. 79
PRINT NAME OF RECEIVED BY EE OWNERS NOTICE ON REVERSE SIDE TOT WT: 1600.00		MEMBER PAYMENT	and the second second second	97,47	tax andlint Total anoun	7.68 T 97.47