



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1063257

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: \_\_\_\_\_



1063257

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	--

Form	ACO1 - Well Completion
Operator	Blake Production Co., Inc.
Well Name	Davis A-30
Doc ID	1063257

All Electric Logs Run

DIL
CNL
CDL
CBL



**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 # 242649

Invoice Date: 07/19/2011 Terms:

Page 1

BLAKE PRODUCTION CO, INC.  
1601 NW EXPRESSWAY SUITE 1200  
OKLAHOMA CITY OK 73118  
(405)286-9800

DAVIS #A-30  
31293  
33 13S 10E 15-197-20289  
7/8/11  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	275.00	14.2500	3918.75
1102	CALCIUM CHLORIDE (50#)	775.00	.7000	542.50
1118B	PREMIUM GEL / BENTONITE	520.00	.2000	104.00
1107	FLO-SEAL (25#)	69.00	2.2200	153.18
1104S	CLASS "A" CEMENT (SALE)	80.00	14.2500	1140.00
1102	CALCIUM CHLORIDE (50#)	225.00	.7000	157.50
1118A	S-5 GEL/ BENTONITE (50#)	150.00	.2000	30.00
1107	FLO-SEAL (25#)	20.00	2.2200	44.40
4106	8 5/8" CEMENT BASKET	1.00	320.0000	320.00
4432	8 5/8" WOODEN PLUG	1.00	80.0000	80.00

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (CEMENT)	10.00	90.00	900.00
445 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
445 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
543 TON MILEAGE DELIVERY	1328.00	1.26	1673.28
McCOY 80 BBL VACUUM TRUCK (CEMENT)	10.00	90.00	900.00

Parts: 6490.33 Freight: .00 Tax: 506.25 AR 11564.86  
Labor: .00 Misc: .00 Total: 11564.86  
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



**CONSOLIDATED**  
Oil Well Services, LLC

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

## FIELD TICKET &amp; TREATMENT REPORT

CEMENT API \*15-197-20289

KS

TICKET NUMBER 31293

LOCATION EUREKAFOREMAN Kevin McCoy

242649

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-8-11	1298	DAVIS *A-30	33	135	10E	WABAUNSEE
CUSTOMER <u>Blake Production Co., Inc.</u>			Summit Drig. Co.			
MAILING ADDRESS <u>1601 NW Expressway Ste 1200</u>						
CITY <u>Oklahoma City</u>	STATE <u>OK</u>	ZIP CODE <u>73118</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			445	DAVE G.		
			543	ALLEN B.		
			437	Jim M	Consolidated	
			83	Rudy M	McCoy Trucking	

JOB TYPE SURFACE HOLE SIZE 12 1/4" HOLE DEPTH 355' KB CASING SIZE & WEIGHT 8 5/8" 24" New  
 CASING DEPTH 328' G.L. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15" SLURRY VOL \_\_\_\_\_ WATER gal/ek \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Lost Circulation @ 183' while Drilling 12 1/4" SURFACE Hole. Hauled water w/ 2-80 BBL VAC TRKS while DRY Drilling from 183' - 355' = 1300 BBL H<sub>2</sub>O. Ran 328' 8 5/8" = G.L. Rig up to 8 5/8". Mixed 125 SKS Class A Cement w/ 3% Cack, 2% Gel, 1/4" Floccle. Displace w/ 20 BBL water. Shut in. Wait 1 1/2 Hrs. 8 5/8" on strong VACUM. Squeeze Bottom of Casing w/ 150 SKS Class A Cement w/ 3% Cack, 2% Gel, 1/4" Floccle @ 15.4" / gal. Displace w/ 19 BBL water Final Pumping Pressure 450 PSI. 151P 200 PSI. After 5 minutes on slow VACUM. VACUM in 3/4 BBL. (Shut in for 2 Hrs Cement Sample is Hard). Ran wire line tag Cement inside 8 5/8" @ Bottom of SURFACE Casing. Bottom Stage Complete. Ran 1" Hydrill tubing down ANNULUS OF 8 5/8" Casing. TAG Cement BASKET @ 160' Below G.L. Break Circulation w/ water. Mixed 80 SKS Class A Cement w/ 3% Cack, 2% Gel, 1/4" Floccle / SK. Good Cement to SURFACE. Annulus Standing full of Cement. Pull 1" Tubing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	775.00	775.00
5406	80	MILEAGE	4.00	320.00
1104 S	275 SKS	Class "A" Cement. (Bottom Stage)	14.25	3918.75
1102	775 #	Cack 3%	.70 #	542.50
1118 B	520 #	Gel 2%	.20 #	104.00
1107	69 #	Floccle 1/4" / SK	2.22 #	153.18
1104 S	80 SKS	Class "A" Cement (Top Stage) 1"	14.25	1140.00
1102	225 #	Cack 3%	.70 #	157.50
1118 A	150 #	Gel 2%	.20 #	30.00
1107	20 #	Floccle 1/4" / SK	2.22 #	44.40
4106	1	8 5/8" Cement Basket	320.00	320.00
4432	1	8 5/8" Wooden Plug	80.00	80.00
5407 A	16.6 Tons	80 Miles Bulk Delv.	1.26	1673.28
5502 C	10 Hrs	80 BBL VAC TRUCK Consolidated	90.00	900.00
5502 C	10 Hrs	80 BBL VAC TRUCK McCoy Trucking	90.00	900.00
		Sub TOTAL		11,058.61
		THANK You	7.8 %	SALES TAX
				ESTIMATED TOTAL
				11,564.86

Pavin 3737

AUTHORIZATION J. H. Smith

TITLE \_\_\_\_\_

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



**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

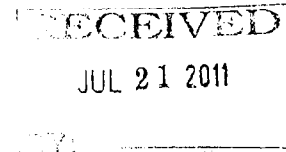
Invoice # 242655

Invoice Date: 07/19/2011 Terms:

Page 1

BLAKE PRODUCTION CO, INC.  
1601 NW EXPRESSWAY SUITE 1200  
OKLAHOMA CITY OK 73118  
(405) 286-9800

54788  
DAVIS A-30  
31367  
33 13S 10E  
07/12/2011  
KS



Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	100.00	18.3000	1830.00
1110A	KOL SEAL (50# BAG)	500.00	.4400	220.00
4161	FLOAT SHOE 4 1/2" AFU	1.00	286.0000	286.00
4103	CEMENT BASKET 4 1/2"	1.00	218.0000	218.00
4129	CENTRALIZER 4 1/2"	6.00	42.0000	252.00
4453	4 1/2" LATCH DOWN PLUG	1.00	232.0000	232.00

	Description	Hours	Unit Price	Total
445	CEMENT PUMP	1.00	975.00	975.00
445	EQUIPMENT MILEAGE (ONE WAY)	80.00	.00	.00
611	TON MILEAGE DELIVERY	440.00	1.26	554.40

Parts: 3038.00 Freight: .00 Tax: 236.97 AR 4804.37  
Labor: .00 Misc: .00 Total: 4804.37  
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

