

## Kansas Corporation Commission Oil & Gas Conservation Division

1063450

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 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:			Well #:		
Sec Twp	S. R	East West	County	/:					
INSTRUCTIONS: Show time tool open and close recovery, and flow rates ine Logs surveyed. Atta	ed, flowing and shut- if gas to surface tes	in pressures, whether t, along with final char	shut-in pres	sure reache	ed static level,	hydrostatic press	sures, bottom h	ole tempe	ature, fluid
Orill Stem Tests Taken (Attach Additional Sh	eets)	Yes No		Log	Formation	n (Top), Depth an	d Datum	☐ Sa	ımple
Samples Sent to Geolog	•	☐ Yes ☐ No		Name			Тор	Da	atum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No Yes No							
List All E. Logs Run:									
		CASING Report all strings se	G RECORD	New	Used	on, etc.			
Purpose of String	Size Hole Size Casing			Weight		Type of Cement	# Sacks Used	Type and Percent Additives	
	Drilled	Set (In O.D.)	LDS.	/ 1 1.	Depth	Cement	Osed	Aut	iitive5
		ADDITIONA	AL CEMENTI	NG / SQUEI	EZE RECORD				
Purpose:         Depth           — Perforate         Top Bottom           — Protect Casing         Plug Back TD		Type of Cement # Sacks L		Used Type and Percent Additives					
Plug Off Zone									
Shots Per Foot	PERFORATIO Specify Fo	ugs Set/Type erforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			d	Depth		
TUBING RECORD:	Size:	Set At:	Packer A	ıt:	Liner Run:	Yes No			
Date of First, Resumed Pr	roduction, SWD or ENH	R. Producing Me	ethod:	ng Ga	as Lift	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water	Bk	ols. (	Gas-Oil Ratio		Gravity
DISPOSITION	N OF GAS:		METHOD OF	_			PRODUCTIO	ON INTERVA	AL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually C (Submit AC		nmingled mit ACO-4)			
(If vented, Subm	nit ACO-18.)	Other (Specify)							



# 242210

TICKET NUMBER	, 32151
LOCATION_B-WI	le
FOREMAN (00.0	

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

# FIELD TICKET & TREATMENT REPORT

132-11 5623 Recoy Hazle H #12 Month May rum  May rum  Milling Address  STATE 21P CODE  STATE 21P CODE  STATE 21P CODE  STATE 21P CODE  MATER gallor  MATER g	DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
USJONER MINGADRESS  ALL LY MT L  ACCOUNT CODE  ACCOUNT COD	6-22-11								
STATE ZIP CODE  STATE CASING SIZE & WEIGHT \$\frac{1}{2}\$\$  ASING DEPTH	CUSTOMER	, , , , , , , , , , , , , , , , , , , ,	136119	NEIT					TANTONIA
STATE ZIP CODE  TUBING  CHARLEY JACK OTHER  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  OTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  OTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  ACCOUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  ACCOUNT  COUNT  COUNT  COUNT  CODE  OUANITY OF UNITS  DESCRIPTION OF SERVICES OF PRODUCT  UNIT PRICE  TOTAL  COUNT  COUNT	MAILINGADDE	1			1	The second second second		TRUCK#	DRIVER
STATE ZIP CODE  NUMBER THE  ASING DEPTH JOB DRILL PIPE TUBING  ASING SIZE & WEIGHT 1/2  ASING DEPTH JOB DRILL PIPE TUBING  SIRPLACEMENT JOB DISPLACEMENT PSI MIX PSI RATE  EMARKS: Lungul 3. Lungul about fish attachers pumped 80 hs Thechief censul, this had been found to be than the censul to be than the censul to be the product of the product of the censul to be the product of the	WIAILING ADDRE	-33							
DESTYPE HOLE SIZE 6344 HOLE DEPTH CASING SIZE & WEIGHT 4/5  ASING DEPTH 166 DRILL PIPE TUBING OTHER  LURRY WEIGHT SLURRY VOL WATER GAIVE CEMENT LEFT IN CASING — 0—  ISPLACEMENT 1/2,2 DISPLACEMENT PSI MIX PSI RATE  EMARKS: Lungud 3, b, y, et ahad tiv circulations, Quantical 82 bs Thechiet emont, Ehichel  DUMP + Virux displayed play to be than yet in y, sket in,  - (circulation census to Suche  South, MT b  ACCOUNT CODE QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL  CODE 1 PUMP CHARGE 925,00  HARD 35 MILEAGE 440,00  SOUTH 20 35 MILEAGE 440,00  SOUTH 310,00  SOUTH	CITY	Is	TATE	ZID CODE		1 1	BreakL		
ASING DEPTH 166 DRILL PIPE TUBING OTHER  LURRY WEIGHT SLURRY YOL WATER gallsk CEMENT LEFT IN CASING D-  EMARKS: Flugged 3. Is yet wheat Est structure, pumped 82 Is Thecknet cement flushed  DUMP I true, desplaced play to backlass, set stay, shout the  COURT CODE QUANTY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL  Sale by MT b  CODE 1 PUMP CHARGE 995.	511	ľ	ALL .	ZIF CODE		Number T.P.			
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1003 766. (assy Foody e 160.86  1407 1 Bulk Toule 330.00  5DIL 2hr Trunsport 224.00  1240 80 sh Threb-set cenent 1464.00  1024 80 sh Phenoloul 99.60  1104 400 th kol-Seal 126.00  1188 150 th Cel 30.00  123 4000,1 (asy why by 43437.82)  1404 1 What Rubber Pluy 42.00  1508 SALESTAX 117,94  ESTIMATED 2019 8	5401			PUMP CHARG	E				975,00
1   Bulk Trulk   330.00     136	5406	35		MILEAGE					
1   Bulk Trulk   330.00     136	5402	266	, ,	Casen F	so Live				160.86
224.00   1264   80 shs   Thrumset rement   1464.00   1924   80 shs   Thrumset rement   1926   92.60   176.00	5407								
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ESTIMATED FORM									
ESTIMATED FORM									
ESTIMATED FORM							6.3%	SALES TAX	112,94
TOTAL [38/9, 8	ıvin 3737	71			***************************************			ESTIMATED	
	UTHORIZTION	(/01.	1 , 4	1	TITLE			TOTAL DATE	38/9,80

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.

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

September 15, 2011

Anil Pahwa Magnum Engineering Company 500 N SHORELINE BLVD STE 322 CORPUS CHRISTI, TX 78401-0313

Re: ACO1 API 15-125-32077-00-00 Hazlett-Berry 12 SE/4 Sec.33-33S-14E Montgomery County, Kansas

### **Dear Production Department:**

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Anil Pahwa