

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1065192

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 🗌 Wes
Address 2:		F	eet from North / South Line of Section
City: State: Zi	0:+	F	eet from East / West Line of Section
Contact Person:			Nearest Outside Section Corner:
Phone: ()		, , , , , , , , , , , , , , , , , , ,	V SE SW
CONTRACTOR: License #			
Name:		-	Well #:
Wellsite Geologist:			VVGII #
5			
Purchaser:		0	
Designate Type of Completion:			Kelly Bushing:
New Well Re-Entry	Workover		ug Back Total Depth:
Oil WSW SWD	SIOW	Amount of Surface Pipe S	et and Cemented at: Fe
Gas D&A ENHR	SIGW	Multiple Stage Cementing	Collar Used? Yes No
☐ OG	Temp. Abd.	If yes, show depth set:	Fe
CM (Coal Bed Methane)		If Alternate II completion, o	cement circulated from:
Cathodic Other (Core, Expl., etc.):		feet depth to:	w/sx cn
If Workover/Re-entry: Old Well Info as follows:			
Operator:			
Well Name:		Drilling Fluid Manageme (Data must be collected from a	
Original Comp. Date: Original To	otal Depth:		
	ENHR Conv. to SWD	Chloride content:	ppm Fluid volume:bb
Conv. to	GSW	Dewatering method used:	
Plug Back: Plug		Location of fluid disposal it	f hauled offsite:
Commingled Permit #:		Operator Name:	
Dual Completion Permit #:			
SWD Permit #:			License #:
ENHR Permit #:		Quarter Sec	TwpS. R East We
GSW Permit #:		County:	Permit #:
Spud Date or Date Reached TD Recompletion Date	Completion Date or 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 Approved by: Date:					

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

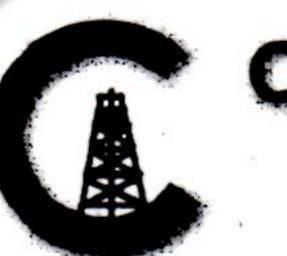
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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		-	n (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre> Yes No</pre> No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, etc.		1
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: 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)e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ON OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	, Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC)-18.)		Other (Specify)						



CONSOLIDATED Oil Well Services, LLC

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 FOREMAN_ FIELD TICKET & TREATMENT REPORT CEMENT 32917

Mader

TICKET NUMBER

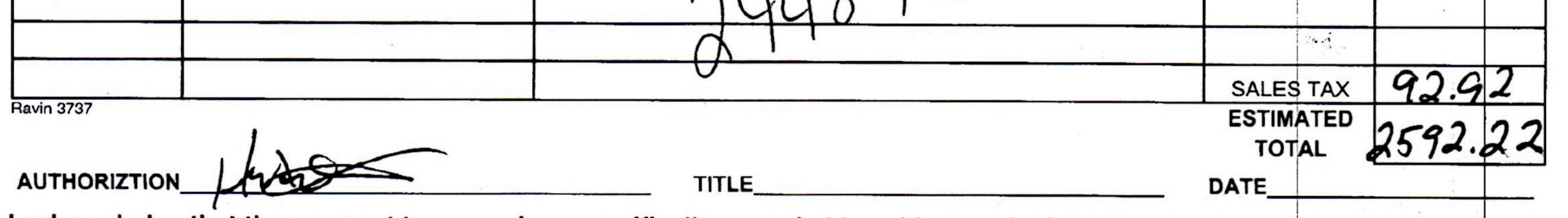
LOCATION DTTawg

lan

DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 20 P 806 D L. CORRECTOR STATES AND SERVICES OF CUSTOMER water **TRUCK #** DRIVER TRUCK # DRIVER MAILING ADDRESS ee CN Dr Ste212 Iondale STATE CITY ZIP CODE TID -GSE 73116 IGhoma HOLE DEPTH HOLE SIZE JOB TYPE DACS CASING SIZE & WEIGHT

CASING DEPTH DRILL PIPE TUBING OTHER 195 **CEMENT LEFT IN CASING** WATER gal/sk_ SLURRY WEIGHT SLURRY VOL MIX PSI DISPLACEMENT PSI 800 DISPLACEMENT bpm RATE crew next **REMARKS:** reci a 'Dn TRUMPER no 6.SK 4.5 92 culated Cemeni gp. ushed us umped held UMI. JGIUR OG raus Evans Energy, With ACCOUNT QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL CODE PUMP CHARGE 70

3406		MILEAGE	
5406	817	casing tootage	
5407	V2 min	ton miles	165.00
5501C	11/2	transport Ttiol	168.00
1124	106.5K	50150 002	1107,70
11183	278#	gel	55.60
1118B 4402		21/2 plus	55.60
		- il	
		a til 24U	



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.