

Kansas Corporation Commission Oil & Gas Conservation Division

1065569

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 N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone Depth Top Bottom Type of Cemer		ement	# Sacks Used Type			Type and	and Percent Additives			
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo			s Set/Type orated	Set/Type Acid, Fracture, Shot, C (Amount and Kine)			ement Squeeze Record d of Material Used) De		
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			



CUSTOMER#

TICKET NUMBER 32849

LOCATION Office a KS

FOREMAN Fred Made

RANGE

TOWNSHIP

COUNTY

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

DATE

FIELD TICKET & TREATMENT REPORT CEMENT

WELL NAME & NUMBER

SECTION

9/11	7806 No. Kenn	onich 7367	NW 22	20	<u> </u>	AN
STOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
	water Inc		506	FREMAD	(1)	wex
ALING ADDRES				KENHAM	14 CH	
6421	Avondale DR STATE	ZIP CODE	368	AZLMCD	ARM	
ΓY		73116		GAR MOD	6141	
2 Klahon		- 3/-		CASING SIZE & W		« EUE
B TYPE A		5/6 HOLE DEPT	гн <u>742</u>		OTHER	
SING DEPTH_		TUBING	/_ _	CEMENT LEFT in		" Pluc
URRY WEIGHT		WATER gal	/sk	RATE UBPN	1	
SPLACEMENT_	4.25 BBOISPLACEMENT	r PSI MIX PSI				40
MARKS: LS	tablish rate. M	ix + Punns 100	Get FIUSHI	5 Elve	1 100	x / has
50/50	Por Mix Coment	270 Cem	VOSUV	Mace Tios	AALE	- 6
alean.	Displace 24"	bber plug to	Casing 1	3 W 9.23	Class 1	3 /1
water		od * PSI, Relea	se pressu	r to sea	Frour Val	
Shut	Lasing					2
	_			Fud	Made	_
trans	Energy Dev Tur.	(Troubs)		-		
10001111	- / /				LINUT DDIOF	TOTAL
ACCOUNT	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		368		9750
5406	0	MILEAGE Prock		N/C		
5402	732	Casing foota		N/C		
5407	's minimum	Ton miles		16500		
5502C	14 hs	80 BBL Vac	Truck		*2	13500
330ac						
				§		
	1105KS	50/50 Por mi	x Cement			11495
1/24	260+			5700		
11153	~ 13	2/2 Rubber	Mus			26 00
4402		de moner	PIC			
1						
				144		
				244		
				2HH.	SALESTAY	9629
avin 3737				7.8%	SALES TAX ESTIMATED	
avin 3737				244. 7.63		9629