



KANSAS CORPORATION COMMISSION 1065906
OIL & GAS CONSERVATION DIVISION

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 Recompletion Date Date Reached TD Completion Date or 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: _____



1065906

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Morris, Terry E. dba G L M Company
Well Name	Urban 2
Doc ID	1065906

Tops

Name	Top	Datum
Anhydrite	950	+901
Topeka	2853	-1002
Heebner	3073	-122
Toronto	3092	-1241
Lansing	3128	-1277
Base Kansas City	3348	-1497
Marmaton Sand	3366	-1515
Conglomerate	3400	-1549
Arbuckle	3443	-1592

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5011

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-2-11	33	15	16	Ellis	Kansas		6:30 AM
Lease <i>Ullman</i>	Well No. <i>2</i>		Location <i>Well 125 NW 5th</i>				
Contractor <i>Boyd Drilling Co</i>				Owner <i>To Quality Oilwell Cementing, Inc.</i>			
Type Job <i>Surface</i>				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size <i>12 1/4</i>		T.D. <i>941</i>		Charge To <i>61M</i>			
Csg. <i>8 232</i>		Depth <i>941</i>		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg. <i>22</i>		Shoe Joint <i>22</i>		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace <i>58 5/16</i>		Cement Amount Ordered <i>410 Common</i>			
EQUIPMENT				<i>Ball at head</i>			
Pumptrk	No.	Cementer		Common			
		Helper	<i>Steve</i>				
Bulktrk	No.	Driver		Poz. Mix			
		Driver	<i>Tom</i>				
Bulktrk	No.	Driver		Gel.			
		Driver	<i>Clay</i>				
JOB SERVICES & REMARKS				Calcium			
Remarks:				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
				Sand			
				Handling			
				Mileage			
				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer <i>2</i>			
				Baskets <i>2</i>			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<i>Public Road</i>			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
Signature <i>Long Budz</i>							

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5015

Date: <u>10-13-11</u>	Sec.	Twp.	Range	County	State	On Location	Finish
Lease: <u>Oilman</u>	Well No. <u>2</u>		Location: <u>Walker 115 1W 35 6W</u>				
Contractor: <u>Kayl Drilling Co.</u>				Owner:			
Type Job: <u>Leasing</u>				To: Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size: <u>7 7/8</u>	T.D. <u>3530</u>		Charge To: <u>GLM</u>				
Csg. <u>4 1/2 Hdr 16</u>	Depth <u>3500</u>		Street:				
Tbg. Size:	Depth:		City:				
Tool <u>Latch Down Rod</u>	Depth <u>3465</u>		State:				
Cement Left in Csg. <u>43</u>	Shoe Joint <u>43</u>		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line:	Displace <u>537 Bl</u>		Cement Amount Ordered <u>190 (Common 100 Salt)</u>				
EQUIPMENT				<u>500 Gal. Mud (Leas. 48)</u>			
Pumptrk	No.	Cementor	Common				
		Helper					
Bulktrk	No.	Driver	Poz. Mix				
		Driver					
Bulktrk	No.	Driver	Gel.				
		Driver					
JOB SERVICES & REMARKS				Calcium			
Remarks:				Hulls			
Rat Hole <u>30cm</u>				Salt			
Mouse Hole:				Flowseal			
Centralizers <u>1 3 5 7 9 11 13</u>				Kol-Seal			
Baskets <u>2</u>				Mud CLR 48			
D/V or Port Collar:				CFL-117 or CD110 CAF 38			
				Sand			
				Handling			
				Mileage			
<u>Land plug @ 1100 psi</u>				FLOAT EQUIPMENT			
<u>Float Hold</u>				Guide Shoe			
				Centralizer <u>7 Turbos</u>			
				Baskets <u>1</u>			
				AFU Inserts			
				Float Shoe <u>1</u>			
				Latch Down <u>1</u>			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
X Signature: <u>[Signature]</u>				Total Charge			