

Kansas Corporation Commission Oil & Gas Conservation Division

1067039

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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt		
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 Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R East West		
ENHR Permit #:	County: Permit #:		
Spud Date or Recompletion Date 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 Approved by: Date:			

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

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Alan Mada	FOREMAN
Swott B	
BER 32970	TICKET NUM

211 Jessieres Held IIQ CETACLICENC



PO Box 884, Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT

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HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

Thomas A #I-10 API # 15-091-23607-00-00 SPUD DATE 10-18-11

Footage 2 7 43 50	Formation Topsoil clay shale lime	Thickness 2 5 36 7	Set 20' of 7" TD 900' Ran 895' of 2 7/8
53	shale	3	
70	lime	17	
79	shale	9	
90	lime	11	
93	shale	3	
114	lime	21	
130	shale	16	
151	lime	21	
156	shale	5	
210	lime	54	
231	shale	21	
244	lime	13	
255	shale	11	
276	lime	21	
309	shale	33	
313	lime	4	
320	shale	7	
346	lime	26	
356	shale	10	
396	lime	40	
569	shale	173	
581	lime	12	
585	shale	4	
593	lime	8	
607	shale	14	
610	lime	3	
616	shale	6	
618	lime	2	
624	shale	6	
626	lime	2	
738	shale	112	
745	sand	7	
852	shale	107	
855	sand	3	little odor, little bleed
900	shale	45	