

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1067940

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:	
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: ()	
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: feet depth to: w/ sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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: Quarter Sec TwpS. R Decounty:
Spud Date or Recompletion Date Date Reached TD 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 III Approved by: Date:								

	<i>Side Two</i>				
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 Sheets)		Yes	No		og Formatio	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geological Survey		Yes	No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		☐ Yes ☐ Yes ☐ Yes	No No No						
List All E. Logs Run:									
CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc.									
Purpose of String Size Hole Drilled		Size Ca Set (In C	sing	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom			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	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD: Size: Set At: Packer At:				Liner R	un:	No				
Date of First, Resumed Production, SWD or ENHR. Producing Method: □ Flowing □ Pum				ping	Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours		Oil Bb	ls.	s. Gas Mcf Wate		ər	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF COMPLE				TION:		PRODUCTION INT	ERVAL:			
Vented Sold Used on Lease								Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)				Other (Specify)						

00,07-00,07-00,01-00,07-0000,1-0000,1-0000,1-0000,1-0000,1-1-4584.00 07988.00 618.15 Marchart Copy INVOICE "INBECHYRY.I'Mark" Invoice: 10175762 Time: 16(27)00 file: 08/28/11 imme: 144: 08/28/11 imme: 00/28/11 bue bee: 00/00/11 1.4800 TURA.CO 0.00 Bates ter alse total NI-31 he if saf haf na findin at indi na haf na haf na haf na findi na findi na findi na findi na findi na findi na f 8,0900 ave 14,0000 m. An Price Norm 8,4900 ava averte gament (Fas) 445-0006 NOT POR HOUSE USE **Creviby** Taxable Nen-taxable Tax I **GARNETT TRUE VALUE HOMECENTER** 410 N Made Gametr, K8 68032 (788) 448-7106 FAX (788) 448-7135 And its card **MANNA** DEBORIFTION PLY ASH MIX 80 LBA PER AAD MOUNTACH PALLET Credited from Involue 10171578 PORTLAND GENERIT 444 1 - Merchant Copy HAP VA ANDERACH OCUNTY Machyd Cafran ab Macco Cabran 9044-11-1 (944) Owners POI est te Moder Kent Exeme Ni Nilogho RD GANNETT, KE secte ARGENA divido "14 4 00'8" 040 × Cummer 61 000087 BAD P BAD Pagel 1 Reached Institutions 00.040 ٠. 4 4564.00 003.80 \$7728.00 00,10200 Marchant Copy INVOICE Three: 18(50:02 able Date: 08/15/11 htteat Date: 08/15/11 bits Date: 08/05/11 bits Date: 08/05/11 1000 H 8,4900 woles: 10176340 7728.00 0.00 Balas ter Calor telal **UTION** in finde sie ein hot nie of minden in hot state of an 8.4900 ave 6.0900 MG At Moeviem PARTH POOLER KENT (748) 448-0946 NOT FOR HOUSE USE Creat Pri Turkis Non-Level **GARNETT TRUE VALUE HOMECENTER** 410 N Maple Garnett, K8 66032 (788) 448-7168 PAX (788) 448-7185 HUMANK 1 - Marchant Copy PLY AGH MIX BO LOO PER GAO NOVANCH PALLET Credited from invoice 10171578 PORTLAND CEMENT-644 (785) 448-8936 HIP VA ANDERSON GOUNTY HORMED CONTENT AND HISCOGOODION alaanni lung i ka aina DESCRIPTION Duriterner PC): BAI THI MOGEN KENT REDER NE NECHO RD GANNETT, KE 1008 MUGHTN 1200 8 Cummer II. 000087 CHIP L LAN 50000 P 240 BHO.00 P. BAG Nie sp fi Mitt Special States Pagel 1 NICE OF \$40'00 00'00