

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1070009

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 & LEA	SF

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from Deast / 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.):         If Workover/Re-entry:       Old Well Info as follows:	Amount of Surface Pipe Set and Cemented at:       Feet         Multiple Stage Cementing Collar Used?       Yes       No         If yes, show depth set:       Feet       Feet         If Alternate II completion, cement circulated from:       feet depth to:       sx cmt
Operator:	Deilling Floid Management Disc
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	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion     Permit #:	Operator Name:
SWD     Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
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:

	Side Two	1070009
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		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	jical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<ul><li>Yes</li><li>Yes</li><li>Yes</li></ul>	□ No □ No □ No					
List All E. Logs Run:								
		Report all		RECORD No	ew Used ermediate, product	ion, etc.		
Purpose of String	Size Hole Drilled	Size Ca Set (In C		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							ement Squeeze Record I of Material Used)	Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENH			<i>₹</i> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS:				METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:	
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	nit ACC	-18.)		Other (Specify	)					

5		1	Ack	Main Office
CONSOLIDATED Oil Well Services, LLC	<b>REMIT TO</b> Consolidated Oil Well Serv Dept. 970 P.O. Box 4346 Houston, TX 77210-	A	F Chanute 620/431-9210 • 1-80	20. Box 884 e. KS 66720
INVOICE			Invoice #	240499
Invoice Date: 04/19/2011 Te	erms: 0/0/30,n/30		Pa	ge 1
L & P ENTERPRISES, LLC 29975 INDIANAPOLIS ROAD PAOLA KS 66071 (913)238-0404	31809 NW 5-	ER I-2 9 -17-22 MI 3/2011		
1124 50/50 POZ	on EL / BENTONITE CEMENT MIX IBBER PLUG	275.00	nit Price .2000 10.4500 28.0000	Total 55.00 1086.80 28.00
Description 495 CEMENT PUMP 495 EQUIPMENT MILEAGE (ONE W 495 CASING FOOTAGE T-106 WATER TRANSPORT (CEMENT) 548 MIN. BULK DELIVERY		Hours U 1.00 20.00 716.00 1.00 .50	Dit Price 975.00 4.00 .00 112.00 330.00	Total 975.00 80.00 .00 112.00 165.00
		*		
======================================	.00 Tax: .00 Total:	======================================		======= 2590.11
Sublt: .00 Misc. Sublt: .00 Supplies:	.00 Total: .00 Change:	.00		
Signed		I	ate	
BARTLESVILLE, OK ELDORADO, KS EUREKA, KS 918/338-0808 316/322-7022 620/583-7664	GILLETTE, WY OAKLEY, KS 307/686-4914 785/672-2227	Оттаwа, Ks 785/242-4044	Thayer, Ks 620/839-5269	Worland, Wy 307/347-4577

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Date Grand Field TICKET & TREATMENT REPORT         CEMENT         DATE       CUSTOMER #       WELL NAME & NUMBER       SECTION       TOWNSHIP       RANGE       COUNTY         DATE       CUSTOMER #       WELL NAME & NUMBER       SECTION       TOWNSHIP       RANGE       COUNTY         TOWNSHIP       TANGE       COUNTY         INDE 5       TOWNSHIP       TANGE       COUNTY         TOWNSHIP       TOWNSHIP <th cols<="" th=""><th></th><th>on nen gelvings, L</th><th></th><th><b>A</b>i'</th><th></th><th></th><th>Flan, N</th><th>Tade.</th></th>	<th></th> <th>on nen gelvings, L</th> <th></th> <th><b>A</b>i'</th> <th></th> <th></th> <th>Flan, N</th> <th>Tade.</th>		on nen gelvings, L		<b>A</b> i'			Flan, N	Tade.
DATE CURTOMER # WHEL HAVE & HUMBER SECTION TOWNSHIP RANCE COUNTY L : [3 - 11] H & 2 & Dame - 1'-2 & DW & 5 & 1.7 & 2.2 & MT & 1.100 MER & SALES TAX & DRIVER TRUCK # DRI			FIELD T						
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F. Carlow

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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