

Kansas Corporation Commission Oil & Gas Conservation Division

1071852

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				
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	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 TwpS. R				
ENHR Permit #:	County: Permit #:				
GSW Permit #:	. 5				
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 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

Other (Specify)

(If vented, Submit ACO-18.)

(Submit ACO-5)

(Submit ACO-4)

CONSOLIDATED Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346

MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676

Fax 620/431-0012

INVOICE Invoice # 245960 ______

Invoice Date: 11/22/2011 Terms: 0/0/30,n/30 Page

D & Z EXPLORATION 901 N. ELM ST. P.O. BOX 159 ST. ELMO IL 62458 (618)829 - 3274

SUGAR RIDGE FARMS I-7 32626 SE 29 14 22 JO 11/16/11 KS

______ Qty Unit Price Total Description Part Number 10.4500 1306.25 50/50 POZ CEMENT MIX 125.00 1124 62.00 PREMIUM GEL / BENTONITE 310.00 .2000 1118B .3500 92.05 263.00 GRANULATED SALT (50 #) 1111 625.00 .4400 275.00 KOL SEAL (50# BAG) 1110A 28,00 28.0000 1.00 2 1/2" RUBBER PLUG 4402 Hours Unit Price Total Description 975.00 975.00 1.00 CEMENT PUMP 495 120.00 30.00 4.00 EQUIPMENT MILEAGE (ONE WAY) 495 .00 .00 896.00 495 CASING FOOTAGE 168.00 112.00 1.50 T-106 WATER TRANSPORT (CEMENT) 330.00 330.00 1.00 MIN. BULK DELIVERY 548

3489.00 .00 Tax: 132.70 AR 1763.30 Freight: Parts:

.00 Total: 3489.00 .00 Misc: Labor: .00 Change: .00 .00 Supplies:

Date Signed



CUSTOMER#

LOCATION OHEWA 155 FOREMAN Casey Kennedy

RANGE

22

COUNTY

10

TOWNSHIP

14

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

FIELD TICKET & TREATMENT REPORT CEMENT

SECTION

SE 29

WELL NAME & NUMBER

Sugar Ridge Forms I-7

USTOMER 7) + Z Explora	Ĭ,		KATALANIA.			DESIGNATION.
IAILING ADDRE	1 C Cylora	non	-	TRUCK#	DRIVER	TRUCK#	DRIVER
ALLING ADDRE	I CL PAR	159	-	481	Casken	ck	
01 10	Elm St PBBox ISTATE	ZIP CODE		495	Harbec	4B	
H El				548	GarMoo	GM	
		62158]	505-TIOL	Cec Par	CHP	
	astring HOLE SIZE S		HOLE DEPTH	706'	CASING SIZE & W	EIGHT 2 4/8	" EUE
SING DEPTH	DRILL PIPE_		TUBING			OTHER	
JRRY WEIGH		*	WATER gal/s	k	CEMENT LEFT in	CASING 2/2	"rubber plu
	5.21665 DISPLACEMEN	NT PSI	MIX PSI		RATE 0.0	pm	
	eld safety meeting				, mixed t		
emion		by 10 b	obls trest	water.	mixed +	oursed	125 sks
50 TO	zmix cement w	11270	Gel, S	7. >att,	+ 5# K	o/Seal	ser sk,
ment of	o surface, Hushe	d pump	clean	, displace	d 21/2"1	ubber pi	r, to
ving. I		fresh w	ater, pi	essured 7	to 600 PSI	release	al pressure
set.	float value, shut	in casi	ng.		A-	$\dot{\Omega}$	
		,	<i></i>			-/	
						17	
	•					'	
CODE	QUANITY or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
401	1	PUMP CHARG	E Ceul	ut pump	495		975.co
406	30	MILEAGE	vup >	ruck	495		120.00
402	896'	casi	a foot	600			
407	minimum		mileage	0	548		330.∞
501C	1.5 hrs		er trans		505-T106		168,00
50,0							
					*,		
1711	125 sks	50/5/	POZN	uix ceuve	ut		1306.25
124			Sum G				62.00
118B	310 #		COM G				92.05
111	263 **	Satt	- 				275.00
110A	425		Seal	21			28.00
4402	1	275	" rubbe	ومام			DX0.
				-			
				9			
			AT!				
			747		7.525%	SALES TAX	13270
		1	(/		7.300 (0	SALES IAX	100.10
				,		ESTIMATED	1000 M
in 3737	Dala 0 11					TOTAL	3489.00
n 3737 JTHORIZTION	Deke Beller		TITLE				3489.00

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

Sugar Ridge Farms #I-7 API # 15-091-23705-00-00 SPUD DATE 11-15-11

Footage	Formation	Thickness	Set 30' of 7"
2	Topsoil	2	TD 906'
11	clay	9	Ran 896' of 2 7/8
19	lime	8	
21	shale	2	
35	lime	14	
45	shale	10	
55	lime	10	
59	shale	4	
60	lime	1	
64	shale	4	
86	lime	22	
104	shale	18	
112	lime	8	
117	shale	5	
124	lime	7	
136	shale	12	
145	lime	9	
152	shale	7	
197	lime	45	
207	shale	10	
215	lime	8	
236	shale	21	
244	lime	8	
247	shale	3	
255	lime	8	
300	shale	45	
328	lime	28	
330	shale	2	
366	lime	36	
370	shale	4	
376	lime	6	
558	shale	182	
576	lime	18	
615	shale	39	
625	red bed	10	
836	shale	211	
843	sand	7	good odor
906	shale	63	