



KANSAS CORPORATION COMMISSION 1071866
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: _____



1071866

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31378
LOCATION EUREKA
FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-173-21005

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-2-11	2144	Klausmeyer #2	25	28S	2W	Sedgwick
CUSTOMER CRECO			VAL Rig 2			
MAILING ADDRESS 210 PARK AVE Ste 1140			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY OKLAHOMA CITY			445	ALLEN B		
STATE OK			611	CHRIS B		
ZIP CODE 73102						

JOB TYPE Longstring HOLE SIZE 8 3/4" HOLE DEPTH 4043' KB CASING SIZE & WEIGHT 7" 23# NEW
CASING DEPTH 4039' KB DRILL PIPE _____ TUBING _____ OTHER 3995' POTD KB
SLURRY WEIGHT 13.5# SLURRY VOL 47 BBL WATER gal/sk 9.0 CEMENT LEFT IN CASING 44'
DISPLACEMENT 158 BBL DISPLACEMENT PSI 800 ~~MARK~~ PSI 1400 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 7" casing. BREAK CIRCULATION w/ 20 BBL FRESH WATER. MIXED 150 SKS THICK SET CEMENT w/ 5" KOL-SEAL /SK, 1/2" PHENO SEAL /SK, 1/4" CFL-115 @ 13.5#/GAL yield 1.75, = 47 BBL slurry, shut down, wash out pump & lines. Release Plug. Displace Plug to SEAT w/ 158 BBL KCL water (4%). FINAL Pumping Pressure 800 PSI. Bump Plug to 1400 PSI. wait 2 minutes. Release Pressure. Float Held. Good CIRCULATION @ ALL times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	70	MILEAGE	4.00	280.00
5402	4036'	Footage Charge	.21	847.56
1126 A	150 SKS	THICK SET Cement	18.30	2745.00
1110 A	750 *	KOL-SEAL 5"/SK	.44 *	330.00
1107 A	75 *	PHENO SEAL 1/2" /SK	1.22 *	91.50
1135 A	35 *	CFL-115 1/4"	9.95 *	348.25
5407 A	8.25 TONS	70 miles Buck Delv.	1.26	727.65
4409	1	7" Top Rubber Plug	82.00	82.00
4187	1	7" AFU FLOAT COLLAR	525.00	525.00
4107	1	7" BASKET	320.00	320.00
4206	1	7" Guide Shoe	253.00	253.00
3172	16 gals	KCL (MIXED w/ Displacement water)	33.50	536.00
		Sub TOTAL		8060.96
		SALES TAX 7.3%		342.73
		ESTIMATED TOTAL		8403.69

Ravin 3737

Butt C. Meull

THANK YOU
043131

AUTHORIZATION _____ TITLE _____ DATE _____

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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31432
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-173-21005

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-28-11	2144	Klausmeyer # 2	25	28	2W	Sedwick
CUSTOMER <u>Creco</u>			VA1			
MAILING ADDRESS <u>210 Park Ave ste 1140</u>			Rig #2			
CITY <u>Oklahoma City</u>	STATE <u>OK</u>	ZIP CODE <u>73102</u>	TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>520</u>	<u>John</u>		
			<u>543</u>	<u>Allen B.</u>		

JOB TYPE surface 0 HOLE SIZE 17 1/2 HOLE DEPTH 200' CASING SIZE & WEIGHT 13 3/8"
 CASING DEPTH 210' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 29.8 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 13 3/8" casing. Mixed 240 sks class A cement w/ 3% CaCl2, 2% gel + 1/4" flake/sk @ 15#/gal. Displace w/ 29.8 bbl fresh water. Shut casing in w/ good cement returns to surface = 7 bbl slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	70	MILEAGE	4.00	280.00
11045	240 sks	class A cement	14.25	3420.00
1102	675#	3% CaCl2	.70	472.50
11178	450#	2% gel	.20	90.00
1107	60#	1/4" flake/sk	2.22	133.20
5407A	11.28	tax mileage bull trk	1.76	994.90
			subtotal	6165.60
			SALES TAX <u>7.3%</u>	300.44
			ESTIMATED TOTAL	6466.04

Revin 8737

Butt 242009

AUTHORIZATION _____ TITLE _____ DATE _____

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