



KANSAS CORPORATION COMMISSION 1071879
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: _____



1071879

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

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

ENTERED

TICKET NUMBER 31575
LOCATION EUREKA
FOREMAN Kevin McCoy
Ed Strickel

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-18-11	2144	Sue # 1	28	335	4E	Cowley
CUSTOMER CRECO Operating, LLC			HORIZON Energy Services Rig 4			
MAILING ADDRESS 210 PARK Ave, Ste 1140			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY OKLAHOMA City			445	Kevin M.		
STATE OK			479	Jim M.		
ZIP CODE 73102						

JOB TYPE SURFACE HOLE SIZE 13 1/2 HOLE DEPTH 232' CASING SIZE & WEIGHT 10 3/4 40.5*
 CASING DEPTH 201' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15* SLURRY VOL 34 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 18.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 10 3/4" casing. Break circulation w/ 10 BBL fresh water.
Mixed 140 sks class "A" cement w/ 3% CACEL, 2% GEL, 1/4" Floc/sk @ 15*/gal, yield 1.35.
Displace w/ 18.2 BBL fresh water. Shut casing in. Good cement returns to surface = 12 BBL
slurry to pit. Job complete. Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401.5	1	PUMP CHARGE	775.00	775.00
5406	70	MILEAGE	4.00	280.00
1104.5	140 sks	CLASS "A" Cement	14.25	1995.00
1102	400 *	CACEL 3%	.70	280.00
1118B	260 *	GEL 2%	-.20	52.00
1107	35 *	Floc 1/4"/sk	2.22	77.70
5407 A	6.58 Tons	70 miles Bulk Delv.	1.26	580.36
			SubTOTAL	4040.06
			SALES TAX 6.8%	163.52
			ESTIMATED TOTAL	4203.58

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THANK YOU
[Signature] 244382

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 31607
LOCATION Eureka
FOREMAN Rick Ladd

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-035-24442

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-24-11	2144	Sue # 1	28	33S	4E	Conley
CUSTOMER			Hazen Energy			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Creco Operating LLC			520	Allen B.		
210 Park Ave ste 1110			611	Chris B.		
CITY			515	7	Chris M.	
STATE			ZIP CODE			
OK			73102			

JOB TYPE L/S 0 HOLE SIZE 9 1/2" HOLE DEPTH 3595' CASING SIZE & WEIGHT 7" 23# NEW
 CASING DEPTH 3594' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.6#-13.5# SLURRY VOL 108 cu WATER gal/sk 9.0 CEMENT LEFT IN CASING 2'
 DISPLACEMENT 141 1/4 BW DISPLACEMENT PSI 1000 PSI 1500 Bump plus RATE _____

REMARKS: Safety meeting. Rig up to 7" casing. Pump 20 bbl fresh water ahead. Mixed 175
sks 60/40 Pozmix w/ 8% gel + 1" phenoseal/sk @ 12.6#/gal. yield 1.80. Tail in w/ 150
sks thickset cement w/ 5" Kol-seal/sk, 1/2" phenoseal/sk + 1/4% CEL-115 @ 13.5#/gal yield
1.75. shut down, washout pump + lines, release plug. Displace w/ 141.25 bbls fresh water
w/ KCL. Final pump pressure 1000 PSI. Bump plus to 1500 PSI. wait 2 mins. release
pressure, float + plug held. Good circulation @ all times while cementing. Job complete.
Rig down.

Plug down @ 5:45 p.m. "Thank You"

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	3594'	Casing footage	.21	754.74
1131	175 sks	60/40 Pozmix cement	11.95	2091.25
1188	1200*	8% gel	.20	240.00
1107A	175*	1" phenoseal/sk	1.22	213.50
1126A	150 sks	thickset cement	18.30	2745.00
1110A	250*	5" Kol-seal/sk	.44	330.00
1107A	75*	1/2" phenoseal/sk	1.22	91.50
1135A	35*	1/4% CEL-115	9.95	348.25
5407A	15.28	ten mileage bulk tax	1.26	1391.80
4409	1	7" top rubber plug	82.00	82.00
4206	1	7" Guide shoe	253.00	253.00
4187	1	7" AFU float collar	525.00	525.00
3122	30 gals	KCL (displaced water)	33.50	1005.00
			Subtotal	11,326.04
			SALES TAX	470.53
			ESTIMATED TOTAL	11,796.57

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AUTHORIZATION [Signature] TITLE 244491 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.