

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1072827

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 Cast / 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 If Alternate II completion, cement circulated from: feet depth to: w/ 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 Plug Back: Plug Back Total Depth Commingled Permit #: Permit #: Dual Completion Permit #: Permit #: SWD Permit #: Permit #: ENHR Permit #: Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:
GSW 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	
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 Sho	eets)	Yes No		Log	Formatior	n (Top), Depth and	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No)	Name			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes No Yes No Yes No)					
List All E. Logs Run:								
		CAS	ING RECORD	New	Used			
		Report all strings	set-conductor, surfa	ce, intermedia	ate, productio	on, 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: 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			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITIC	ON OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						

12	CONSOLIDATED			•	-	-
	Qill Well Services, LLC			TICKET NU	MBER	36523
				LOCATION	Drtain	4/14
PO Box 884	, Chanute, KS 66720 10 or 800-467-8676	FIELD TICKET & TRE	ATMENT DED	FOREMAN_	T. i	een
DATE	CUSTOMER#	CEME	NT	JRT		
03-12-1		WELL NAME & NUMBER	SECTION	TOMALOU		
CUSTOMER	2 Gras	charge #2	SE23	TOWNSHIP	RANGE	COUNTY
F	sur Corners D	1110	01 25 -	<u>15</u>	20	FR
MAILING ADD	DRESS		TRUCK#	DRIVER	TRUCK#	
416	Tennesee A. P.	Box 638	669	Ting Gre		DRIVER
111 11	STATE	ZIP CODE	368 6	ar MOD		GM
Wellsv		66092	569	er Mar		DM.
JUB TYPE Z	049 Strigg HOLE SIZE	5578 HOLE DEPT	558	the Sight		VRS
CASING DEPT	STUELTIFE.	TUBING	- <u>719</u> C	ASING SIZE & I	NEIGHT 24	E
DISPLACEMEN		DL WATER gal/s	ski		OTHER	
REMARKS: 4	DIST LACEN	IENT PSI MIX PSI		EMENT LEFT in	CASING	
Galica	AL CHEW Meete	29. Ertablish	moncy la fory		1	
PETCULC	Bluch hole, Follo	uch with 120 SH	\$07 lan 14	Mikan	and the formall	100
25true	the rement to	Surface Flush p	Pump Clear	in		Giel
well h	eld and Digits	depth of Casa	9 Presson	Of Cent	QUA # A	mp
	an your set of	loaf leaving hole	full of cen		SOO PS	7.
				<u>Cal 70</u>	Sarface	
	TOR					
ACCOUNT	QUANITY or UNITS	DEcomu				
5401	4	DESCRIPTION of S	ERVICES or PRODU	СТ	UNIT PRICE	TOTAL
5406	One	PUMP CHARGE Ceme	ne			TOTAL
54.67	Mith	MILEAGE Pamp Th			· · · · ·	030
5502C	2 HRS	Ton Milage				2000
	a HICI	VacTh				35000
						1800
1124	120 SIL	and the				
118R	300 H	30/56 Cement	2			1211100
44169		Tremdum Gul				131400
till -	dre	2'2" Rubber Plu	9			62.
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		Allasti				
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	1/	0.10 11.0				
3737	V Q A		2 · · · ·	782 SI	LES TAX	0959
HORIZTION	1 an Doll			ES	TIMATED	12118
	Y Y Y Y Y Y	TITLE			TOTAL	1592
nowledge tha	t the payment terms, unles	s specifically amended in w	riting on the s	DAT	E	

he payment terms, unless specifically amended in writing on the front of the form or in the customer's our office, and conditions of service on the back of this form are in effect for services identified on this form

Franklin County, KSTown Oilfield Service, Inc.Commenced Spudding:Well: Groshong # 2(913) 837-84003/9/2012Lease Owner: Four Corners Oil3/9/2012

WELL LOG

Thickness of Strata	Formation	Total Dept	
5	Soil/Clay	5	
19	Sandy Clay	24	
154	Shale	178	
28	Lime	202	
8	Shale	210	
10	Lime	220	
6	Shale	226	
30	Lime	256	
4	Shale	260	
24	Lime	284	
4	Sandy Shale	288	
17	Shale	305	
10	Sand	315	
47	Shale	362	
23	Lime	385	
20	Shale	405	
7	Lime	412	
27	Shale	439	
10	Lime	449	
6	Shale	454	
2	Lime	456	
15	Shale	471	
22	Lime	493	
9	Shale	502	
23	Lime	525	
5	Shale	530	
4	Lime	534	
3	Shale	537	
6	Sand	543	
15	Shale	558	
5	Lime	563	
151	Shale	714	
7	Lime	721	
19	Shale	740	
10	Lime	750	
13	Shale	763	
3	Lime	766	
4	Shale	770	
4	Lime	774	
8	Shale	782	

anklin County, KSTown Oilfield Service, Inc.Commenced Spudding:Well: Groshong # 2(913) 837-84003/9/2012Lease Owner: Four Corners OilOutput3/9/2012 Lease Owner: Four Corners Oil

Lime	785
Shale	800
Lime	802
Shale	805
Sandy Shale	810
	823
	828
	842
	845
	851
	859
	863
	919-TD
	Shale Lime