

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1073021

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 East / 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	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
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	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operation
Dual Completion Permit #:	Operator Name:
☐ SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec Twp S. R East West
GSW Permit #:	County: Permit #:
Spud Date or         Date Reached TD         Completion Date or           Recompletion Date         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 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 She	eets)	Yes	No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes	No	Nam	1e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes Yes Yes Yes	No No No					
List All E. Logs Run:								
					ew Used			
		Report all stri	ings set-co	onductor, surface, int	ermediate, product	ion, etc.		
Purpose of String	Size Hole Drilled	Size Casin 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			,		ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Pr	oduct	on, 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	BAS:			METHOD (	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	it ACC	-18.)		Other (Specify	)					

Repley Well Som:	
Kepley Well Service, LL 19245 For Pan Pan	٩

Kepley Well Service, LLC 19245 Ford Road Chanute, KS 66720 
 Date
 Invoice #

 12/14/2011
 46447

# **Cement Treatment Report**

1111 S	nterprise Inc. . Margrave tt, KS 66701		() Te	Landed Plug on Bottom at : () Shut in Pressure 700 (x)Good Cement Return opped off well with (x) Set Float Shoe OF TREATMENT: Production HOLE SIZE: 5.5" TOTAL DEPTH: 428	s sacks
Well Name	Terms Net 15 days		4/2011		
	r Product	Qty		Pricing/Unit Pricing	Amount
Run and cement 2 7/8" Sales Tax WalshMeyer Producti Crawford County Section: 33 Township: 28 Range: 22		425		3.00 7.30%	1,275.00 0.00
Hooked onto 2 7/8" casing. Estab COTTONSEED ahead, blended 7	lished circulation with 3 barrels of 3 sacks of 2% cement, dropped rul 2.4 barrels of water	water, GEl bber plug, a	L, METSO, and pumped	Total Payments/Credit Balance Due	\$1,275.00 <b>s</b> \$0.00 \$1,275.00