

## Kansas Corporation Commission Oil & Gas Conservation Division

1073066

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 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	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.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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:
GSW Permit #:	County: Permit #:
Spud Date or 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 Nar	me:			_ Well #:	
Sec Twp	S. R	East West	County: _					
<b>INSTRUCTIONS:</b> Shortime tool open and clos recovery, and flow rates line Logs surveyed. Att	ed, flowing and shut if gas to surface tes	in pressures, whether s it, along with final charte	shut-in pressur	e reache	d static level,	hydrostatic pres	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional St	neets)	Yes No		Log	Formation	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geolo		Yes No		Name			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy) List All E. Logs Run:		Yes No Yes No Yes No						
		CASING	RECORD	Now	Used			
		Report all strings set-		New ce, interme		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
		ADDITIONA	L CEMENTING	/ SOUFF	ZE RECORD			
Purpose:  —— Perforate  —— Protect Casing  —— Plug Back TD  —— Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Us			Type and I	Percent Additives	
1 ldg 0ll 20ll0								
Shots Per Foot		ON RECORD - Bridge Plug ootage of Each Interval Pe				cture, Shot, Cemen mount and Kind of M		Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Li	ner Run:	Yes No	)	
Date of First, Resumed P	roduction, SWD or EN	Producing Met	hod:	Gas	Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bl	ols.	Gas-Oil Ratio	Gravity
DISPOSITION  Vented Sold  (If vented, Subn	Used on Lease	Open Hole	METHOD OF CO	OMPLETIC Dually Con Submit ACO	mp. Con	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:

Form	ACO1 - Well Completion
Operator	Donke Oil & Gas, LLC
Well Name	West Ball G-4-26
Doc ID	1073066

## All Electric Logs Run

resistivity log
compensated density log
dual induction log
gamma ray neutron completion bond log



TICKET NUMBER

LOCATION

FIELD TICKET & TREATMENT REPORT FOREMAN

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 DATE   CUSTOMER #	anute, KS 667 r 800-467-8676 CUSTOMER #	0	LD TICKE	T & TREAT		ORT		
DATE	CUSTOMER #	WEL	WELL NAME & NUMBER	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-11-12		WesiBa	11 64-26		4	345	786	Chawlau
OGOLOMICIA					TORGET LANDS	S DOLL DEN SALGERY		White him
MAII ING ADDRESS	011 1 4-05	125.			TRUCK#	DRIVER	TRUCK#	DRIVER
	Č				488	Alan M.		
4637 Ea	21 911/51				667	Allen B.		
-		SIAIE	ZIP CODE		637	43		
Tulsa		OX	74137					2
JOB TYPE Lang	Siring O	HOLE SIZE	6 314	HOLE DEPTH	.118	CASING SIZE & WEIGHT	EIGHT 4/2	9.57
CASING DEPTH_	20%	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGHT 13. 27	13.CH	SLURRY VOL	1	WATER gall/sk		CEMENT LEFT in CASING	CASING	
DISPLACEMENT	1366	DISPLACEMEN	DISPLACEMENT PSL5 00	MIX PSI P	14 /000 P	RATE		
REMARKS: Sa	4 13 Carrie	s. Risul	70 Dall	of Bix	Mix /coc	P ( 2 ) . (	5x1 40 600	F
Chesy motor	Mary 95	5 x 76	, ck 507 C	men th	J # 16/520	I post / IT AT	13. Pt. 1, a	13 66/s
Europ 1 Line	Shuid	Caro Rel	400 P/68	Displa	ce WiTh 13	bbls Fruh	636TH. F	70-
of Condany	Cassace Soc	Bunt	2 Play los	O ± U	Jail Emin	Relows P	Cossure /	The hole
GOOD CRI	Ment	Peting To	Stal Fuce :	8661510	TYTO PIT.			
		Sob Car	3/3/04	Birda	5		3.E.	
			/					

AUTHORIZTION Ravin 3737 ACCOUNT CODE 2 000 QUANITY or UNITS 0 H 1 PUMP CHARGE MILEAGE DESCRIPTION of SERVICES or PRODUCT ESTIMATED 少べのの SALES TAX 0 UNIT PRICE 0 MS 4751. 730.00 7 N 0 74.25 (5) TOTAL 30 0 in 19 90

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.

DATE