

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1073657

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:		Sec.	TwpS. R East 🗌 Wes
Address 2:		F	eet from North / South Line of Section
City: State: Zi	0:+	F	eet from East / West Line of Section
Contact Person:			Nearest Outside Section Corner:
Phone: ()			V SE SW
CONTRACTOR: License #			
Name:		-	Well #:
Wellsite Geologist:			VVGII #
5			
Purchaser:		0	
Designate Type of Completion:			Kelly Bushing:
New Well Re-Entry	Workover		ug Back Total Depth:
Oil WSW SWD	SIOW	Amount of Surface Pipe S	et and Cemented at: Fe
Gas D&A ENHR	SIGW	Multiple Stage Cementing	Collar Used? Yes No
☐ OG	Temp. Abd.	If yes, show depth set:	Fe
CM (Coal Bed Methane)		If Alternate II completion, o	cement circulated from:
Cathodic Other (Core, Expl., etc.):		feet depth to:	w/sx cn
If Workover/Re-entry: Old Well Info as follows:			
Operator:			
Well Name:		Drilling Fluid Manageme (Data must be collected from a	
Original Comp. Date: Original To	otal Depth:		
	ENHR Conv. to SWD	Chloride content:	ppm Fluid volume:bb
Conv. to	GSW	Dewatering method used:	
Plug Back: Plug		Location of fluid disposal it	f hauled offsite:
Commingled Permit #:		Operator Name:	
Dual Completion Permit #:			
SWD Permit #:			License #:
ENHR Permit #:		Quarter Sec	TwpS. R East We
GSW Permit #:		County:	Permit #:
Spud Date or Date Reached TD Recompletion Date	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 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.

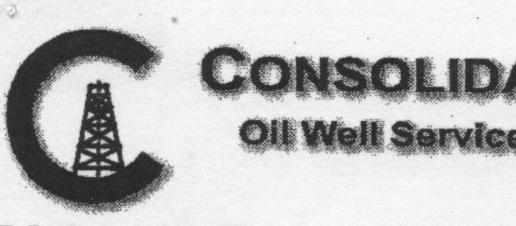
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No	L	-	n (Top), Depth an	d Datum Top	Sample Datum
(Attach Additional Sheets) Samples Sent to Geological Survey Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy) List All E. Logs Run:		Yes No	Indif	3		юр	Datum
Electric Log Submitted E	Electronically	<pre> Yes □ No Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	-conductor, surface, inte	ermediate, product	ion, 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					e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENH	۲.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITIO	ON OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	VAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit A	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)					- <u></u>	

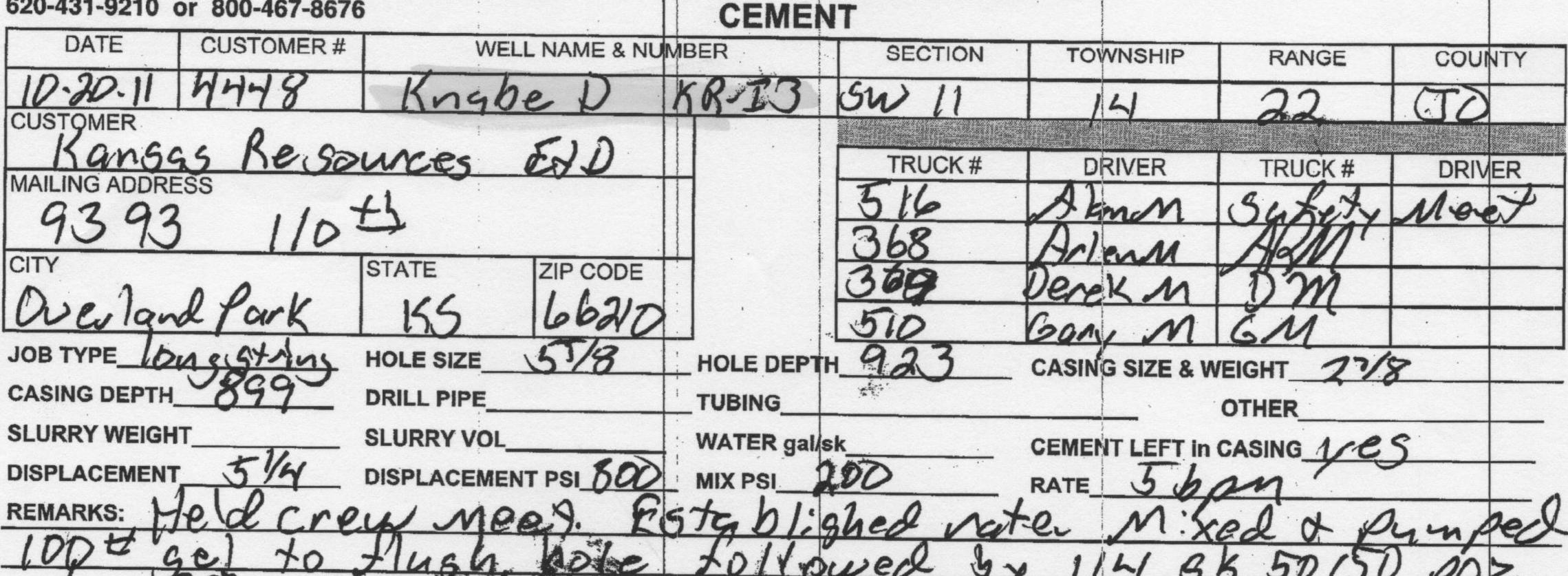
Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



Oll Well Services, LLC

32992 **TICKET NUMBER** LOCATION FOREMAN_ ader **FIELD TICKET & TREATMENT REPORT**

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



#phan Circulated comen 1col pum YMPP value ACCOUNT **QUANITY or UNITS** DESCRIPTION of SERVICES or PRODUCT UNIT PRICE CODE TOTAL PUMP CHARGE MILEAGE C-C Mir 105.0 80,00 e 1eud, sea 44

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Ravin 3737				V	SALES TAX	13.48
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AUTHORIZTION				TITLE	DATE	
acknowledge	that the paym	ent terms, unle	ss specific	Ilv amended in writing on the front of	the form or in the	

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.