

Kansas Corporation Commission Oil & Gas Conservation Division

1074085

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				
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: ()	□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 ☐ 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?				
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: Conv. to ENHR	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:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec TwpS. R				
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:				
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:							

Side Two



Operator Name:				_ Lease N	lame:			Well #:			
Sec Twp	S. R	East	West	County:							
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					Log	y Formation	n (Top), Depth a	oth and Datum		Sample	
Samples Sent to Geological Survey					Name			Тор		Datum	
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No								
List All E. Logs Run:											
		Report all	CASING I		New	Used mediate, producti	on, etc.				
Purpose of String	Size Hole Drilled	Size Hole Size Casing		Weight Lbs. / Ft.		Setting Type of Depth Cemer		, , , ,		and Percent dditives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD					
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone			Type of Cement # Sacks U			Type and Percent Additives					
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo					Set/Type Acid, Fra			acture, Shot, Cement Squeeze Record Amount and Kind of Material Used)			
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:					
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0			
Estimated Production Oil Bbls. Gas Per 24 Hours				Mcf				Gas-Oil Ratio Gravity			
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTION INTERVAL:			
Vented Sold	Used on Lease	Open	Hole Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)				



TICKET NUMBER 32844

LOCATION Ofthawa KS

FOREMAN Fred Madu

DATE_

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

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

				CEMEN	1				
DATE	CUSTOMER#	WEL	L NAME & NU	MBER	SECT	ION	TOWNSHIP	RANGE	COUNTY
9/7/11	7806	So. Ken	anich	# 297	52	ಎಎ	20	20	AN
CUSTOMER	0 +		1 MA		TOUG				GO CONTRACTOR
MAILING ADDRE	luater SS	Luc.			TRUC		DRIVER	TRUCK#	DRIVER
642	1 Avonda	1. No.			30		FREMAN	Sater	Noty_
CITY		STATE	ZIP CODE		<u>36</u>		KENHAM	1011	
Oklahomo	14.	OK	73116		370 50		BRLMCD	ARM	
JOB TYPE Lo			57/2	HOLE DEPTH	54		GAR MOO CASING SIZE & V	VEIGHT 2 1/2	FUE
CASING DEPTH	//	DRILL PIPE		TUBING			CACINO SIZE & V	OTHER	
SLURRY WEIGH		SLURRY VOL		WATER gal/s	k		CEMENT LEFT In		"PIUC
DISPLACEMENT	4.18	DISPLACEMEN	T PSI	MIX PSI			RATE 4BPN		
REMARKS:	stablish	Qu ma	ate.	mixaPan	10/				h
Mis	xpums	· · ·	125 50	150 Por	mix	Ce	ment 2%	Cal.	
	unx to	Surfac					Clean.		e
22	Rubbar		to cosi	10 W	14.18	BB	L Fresh	Water.	
	ssure	40 800°	# PS1.	Releasé	pres	SUV	e 40 Sc	& Float	
Valu	re. Shu	+ m Ca	s Mg		<i>'</i>				
			0	:					
				.,,			1054	100	
Evan	is Energ	y Dev-	Luc-Cr	nitchel)			Jend 1		
ACCOUNT			1			*	/		
CODE	QUANITY	or UNITS		DESCRIPTION of	SERVICES	or PRC	DUCT	UNIT PRICE	TOTAL
5401		1	PUMP CHAR	RGE			368	- F/	97500
5406	<u>'</u>) .	MILEAGE	Truckon	lease.				NC
5402		QU	Casiv	a Footag	e		į		N/C
5407	2 minin	um		miles			548		165-00
55020	15	2 hr	SO BB	L Vac Tru	CIL		370		13500
		•						•	
				*					
1124		00 5KS	50/50	Por Mix	Cenu	X	*		104500
1168B		268#	1 0'	in a					5360
4402		/		Rubber			723		25360
	·				9				4-7
						(G) Y	av		
							1.1100		
							OIM		
							[]		
avin 3737						N#	7.8%	SALES TAX	8787
	4		327			eri .		ESTIMATED	248947
	/ / - 1-	- A							

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.

TITLE