

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1074124

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 Dorth / 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:
	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:	Delline Field Menonenal Dise
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
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
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	

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:	

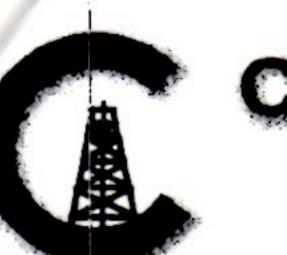
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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 She	eets)	Yes	No		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ Yes ☐ Yes	No No No					
List All E. Logs Run:								
		Report all		RECORD Ne	ew Used	ion etc		
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	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 I of Material Used)	Depth
TUBING RECORD:	Siz	:e:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed F	Producti	on, SWD or ENHF	₹.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
				1					1	
DISPOSITION OF GAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	FERVAL:		
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)	r Comp. 4C <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Sub	mit ACO	-18.)		Other (Specify)						



CONSOLIDATED

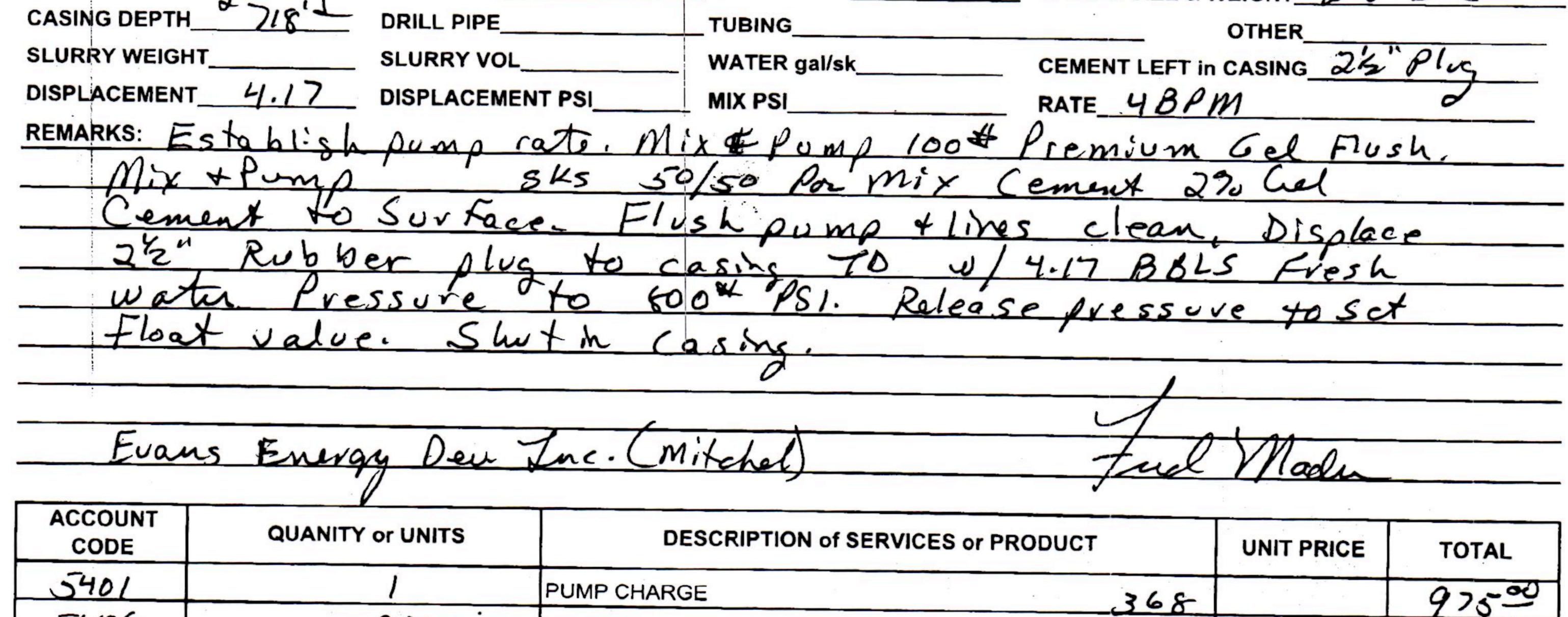
Oil Well Services, LLC

TICKET NUMBER 32843 LOCATION Officer 285 FOREMAN Fred Mader

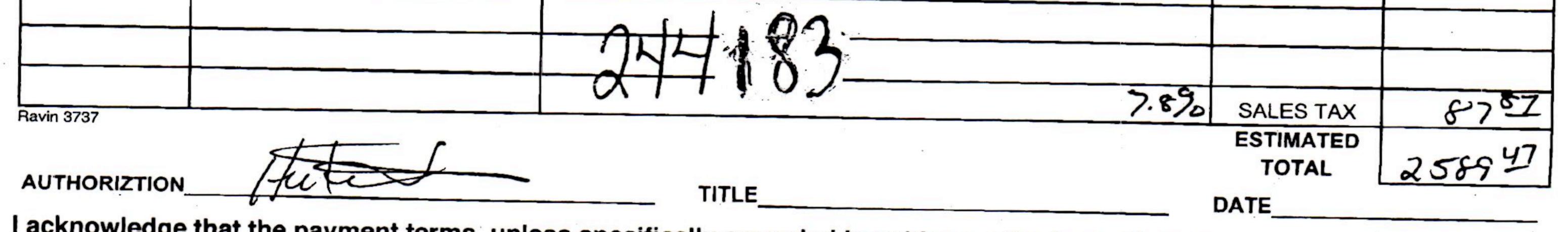
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WE	LL NAME & NUN	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/7/11 CUSTOMER	7806	So Ken	nanich	+ 31T	Sw 22	20	20	AN
	• 1 • •		'					
	il water	Luc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE					506	FREMAD	Safety	nti
	1 Arond.				368	KENHAM	ZA	0
CITY		STATE	ZIP CODE		370	ARLMOD	ARM	
Oklahom		OK	73116		548	GARMOO	GM	
JOB TYPE LO	mg string	HOLE SIZE	5712	HOLE DEPTH		CASING SIZE & W	EIGHT 278	EUE



-1 101			
5406	25 m.	MILEAGE	1000
540 2	718	Casing Footage	NIC
5407	1/2 Minimum	Ton Miles	1650
5502C	12hr	80 BBL Vae Truck	13500
			100
1124	100 s KS	50/50 Por Mix Cement	104500
1118B	268#	Premium Gel	5360
4402	1	25" Rubber Dlug	200



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.