



KANSAS CORPORATION COMMISSION 1074411
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: _____



1074411

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 10/13/2011
Invoice # 5349
P.O.#:
Due Date: 11/12/2011
Division: Russell

Invoice

Contact:
 Murfin Drilling Company
Address/Job Location:
 Murfin Drilling Company
 P.O. Box 288
 Russell Ks 67665

USED FOR IC 103
 APPROVED [Signature]

Reference:
 NETTLEINGHAM HOLLAND UNIT 1-24

Description of Work:
 PROD LONG STRING

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 963.85	No	Pump Truck Mileage-Job to Nearest Camp	9	\$94.81	No
Common-Class A	300	\$ 3,863.33	Yes	Bulk Truck Mileage-Job to Nearest Bulk Plant	9	\$55.48	No
Gilsonite	1500	\$ 2,375.00	Yes				
Cement Scratchers Cable Type, 4 1/2"	13	\$ 960.56	Yes				
Bulk Truck Matl-Material Service Charge	340	\$ 717.78	No				
4 1/2" Turbolizer	12	\$ 582.67	Yes				
Mud Clear	500	\$ 390.56	Yes				
Salt (Fine)	25	\$ 368.39	Yes				
Auto Fill Float Shoe, 4 1/2"	1	\$ 291.33	Yes				
4 1/2" Basket	1	\$ 221.67	Yes				
Latch Down Plug & Baffle, 4 1/2"	1	\$ 206.89	Yes				

Invoice Terms:

Net 30

	SubTotal: \$ 11,092.31
	Discount Available <u>ONLY</u> if Invoice is Paid & Received within listed terms of invoice: \$ (1,663.85)
<hr/>	
	SubTotal for Taxable Items: \$ 7,871.33
	SubTotal for Non-Taxable Items: \$ 1,557.13
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	Total: \$ 9,428.46
	Tax: \$ 574.61

7.30% Barton County Sales Tax

Thank You For Your Business!

Amount Due: \$ 10,003.07
Applied Payments:
Balance Due: \$ 10,003.07

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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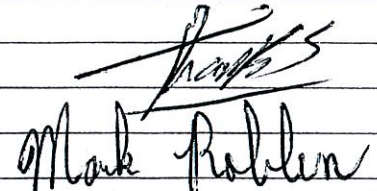
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5349

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-10-11	24	16	14	Barton	KS		1:15 p.m.
Lease ^{Holland} Mettingham Unit	Well No. 1-24			Location Barton ^{Stickney Elevator} Yan Finto			
Contractor ^{Murfin #16}				Owner			
Type Job ^{Production String}				To Quality Oilwell Cementing, Inc.			
Hole Size ^{7 7/8}				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg. ^{4 1/2}		T.D. ³⁴⁷⁵		Charge To ^{Murfin Only}			
Tbg. Size		Depth ³⁴⁶⁹		Street			
Tool		Depth		City		State	
Cement Left in Csg. ²¹		Shoe Joint ²¹		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace ^{54 3/4 BCL}		Cement Amount Ordered ^{300 com 10% salt 5% potassium}			
EQUIPMENT				500 gal mud deair			
Pumptrk ⁹	No.	Cement Helper ^{Gray}		Common	³⁰⁰		
Bulktrk	No.	Driver ^{Pawl}		Poz. Mix			
Bulktrk ¹⁴	No.	Driver ^{Brian}		Gel.			
JOB SERVICES & REMARKS				Calcium			
Remarks:				Hulls ²⁰			
Rat Hole ^{30 SK}				Salt ²⁵			
Mouse Hole ^{15 SK}				Flowseal			
Centralizers				Kol-Seal ^{1500#}			
Baskets				Mud CLR 48 ⁵⁰⁰			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
^{4 1/2 set @ 3469 - Insert @ 3448}				Sand			
^{Est. Circulation - Pump 500 gal mud}				Handling ³⁴⁰			
^{Clear Plug Rather Mousehole Cement}				Mileage			
^{Casing - Clear Lines - Displace Plug}				FLOAT EQUIPMENT			
^{Plug land @ 1500 ps - Held}				Guide Shoe			
^{Release Pressure Dev.}				Centralizer ^{Turbolizers 12}			
				Baskets ¹			
				AFU Inserts			
				Float Shoe ¹			
				Latch Down ¹			
				^{13 Reciprocating Scratchers}			
				Pumptrk Charge ^{prod Long String}			
				Mileage ⁹			
Signature 				Tax			
				Discount			
				Total Charge			