

Kansas Corporation Commission Oil & Gas Conservation Division

1074460

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:	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?			
Operator:				
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 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:			
Dual Completion Permit #:	Lease Name: License #:			
SWD Permit #:	Quarter Sec Twp S. 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 III Approved by: Date:				

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	SOUTH KEMPNICH 12-IW
Doc ID	1074460

Tops

Name	Тор	Datum
277	lime	base of the KC
471	lime	oil show
514	oil sand	green, ok bleeding
638	broken sand	brown & green sand, 10% oil sand, ok bleeding
677	oil sand	brown, good bleeding
687	sand	black, oil show
725	broken sand	brown & green sand, 15% oil sand
736	broken oil sand	brown & grey sand, lite oil show
740	broken sand	brown & green oil sand



TICKET NUMBER 3306	
LOCATION O FF and	丌
FOREMAN Alan Made	

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

FIELD TICKET & TREATMENT REPORT

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DATE	CUSTOMER#	WELLN	AME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNT	ΓΥ
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acknowledge t	that the management								

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.