

Kansas Corporation Commission Oil & Gas Conservation Division

1074482

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 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 #: _ 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

Other (Specify)

(If vented, Submit ACO-18.)

(Submit ACO-5)

(Submit ACO-4)



TICKET NUMBER 32959

LOCATION D + + 4 4 4

FOREMAN Alam Made

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

FIELD TICKET & TREATMENT REPORT

	CUSTOMER# WE	ELL NAME & NU	MRED	CECTION I	TOMANIOLUS		
10-17-11	7201 11 1/		100T	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	1000 14. 14	mpnich	18-300	// W X X	20	30	M
	vater			TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE		**************************************		516	Alan M	Safet	Most
0421 A	Wondale Ste	212	-	368	Andra	AZIM	
CITY	STATE	ZIP CODE		369	Derekm	1520	
U Klaho	na City DK				Seith D	KD	
4.0	ng stains HOLE SIZE_	57/3	HOLE DEPTH		ASING SIZE &	WEIGHT 6	278
CASING DEPTH			TUBING			OTHER	
LURRY WEIGH			WATER gal/s	k	EMENT LEFT in		25
ISPLACEMENT		NT PSI 800	MIX PSI_2		• • •	on	
EMARKS: 1/4	of erem me	ex.	Missed o	+ ampea	1	# 20/	-oftent
hale x	plowed by	00 5K	50150	DO 2 plu	9 7%	901	
Licen	lated elin	ent.	145he	dans). Py	non	nlea
to CA	Sia Clared	1e/1/h		PSI F		nia M	T
Sex fil	oat, Closed vo	lue.					
ELONS 1	Energy Travi	2	•		10	11	,
					11/11	//////	
ACCOUNT					TINI	Juliu	We -
ACCOUNT	QUANITY or UNITS		ECCDIDITION .				T
CODE	TOTALLI OF CHILD	"	ESCRIPTION OF	SERVICES or PROD	UCT	LINIT PRICE	TOTAL
540 1	/		 	SERVICES or PROD	UCT	UNIT PRICE	TOTAL
		PUMP CHAR	 	SERVICES or PROD	UCT	UNIT PRICE	975.0
		PUMP CHAR MILEAGE	GE		UCT	UNIT PRICE	923
5401 5406 5402 3407		PUMP CHAR MILEAGE	GE		UCT	UNIT PRICE	923
		PUMP CHAR MILEAGE	SE Les		UCT	UNIT PRICE	975.00
		PUMP CHAR MILEAGE	GE		UCT	UNIT PRICE	923
5401 5402 5407 5502C		PUMP CHAR MILEAGE	SE Les		UCT	UNIT PRICE	975.00
5401 5402 5407 502C		PUMP CHAR MILEAGE C.C.S.	s Lostas miles		UCT	UNIT PRICE	975.a 16500 180.00
5401 5402 407 502C	724 7251	PUMP CHAR MILEAGE	s Lostas miles		UCT	UNIT PRICE	975.00
5401 5402 407 502C	724 7251	PUMP CHAR MILEAGE C.C.S.	s Lostas miles		UCT	UNIT PRICE	975.00 180.00 1045.00 53.60
5401 5402 407 502C	724 7251	PUMP CHAR MILEAGE C.C.S.	s Lostas miles		UCT	UNIT PRICE	975.a 16500 180.00
5401 5402 407 502C	724 7251	PUMP CHAR MILEAGE C.C.S.	s Lostas miles		UCT	UNIT PRICE	975.00 180.00 1045.00 53.60
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5401 5402 5402 502C	724 7251	PUMP CHAR MILEAGE C.C.S.	s Lostas miles		UCT		975.00 180.00 1045.00 53.60
5401 5402 5402 1241 1183 402	724 7251	PUMP CHAR MILEAGE C.C.S.	s Lostas miles		UCT	SALES TAX	975.00 180.00 1045.00 53.60
	724 7251	PUMP CHAR MILEAGE C.C.S.	s Lostas miles		UCT		975.00 180.00 1045.00 53.60