

Kansas Corporation Commission Oil & Gas Conservation Division

1074508

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 🔲 East 🗌 West
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 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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt.
Operator:	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	

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	th and Datum		Sample	
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	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		Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD					
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		Type of Co	Type of Cement #		# Sacks Used		Type and	Percent Additives			
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo				s Set/Type orated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
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 Per 24 Hours Oil Bbls. Gas			Mcf Water Bbls.				Gas-Oil Ratio Gravity				
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:	
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)				



TICKET NUMBER 32825

LOCATION OF A GUE G

FOREMAN Alam Maker

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20.11	7806	NKen	prich	46-7	NW 22	21)	20	AN
CUSTOMER 1	water	The						
MAILING ADDR		+ "L		+ .	TRUCK#	DRIVER	TRUCK#	DRIVER
6421	Avonda	Ip Dr	Ste21	þ	200	Hann	Sate	Niee
CITY		STATE	ZIP CODE		310	Lase y K	CATE	
OKlaho.	ma City	OK	73116		THE	Travolato	DVD.	
	MS STring +	HOLE SIZE	5716	⊣ _HOLE DEPTH	7.36	CASING SIZE & V	VEICUT /2	Va
CASING DEPTH	42/	ORILL PIPE		TUBING		CASING SIZE & V		12
SLURRY WEIGH	IT S	SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in	CASING 1	*
DISPLACEMENT	14/4	DISPLACEMENT	T PSI_800	MIX PSI	100	1	and y	
REMARKS:	eld erev	V Ma	etins	. Esta	blished		11.	ed t
pung	2ed 100	# 901	to \$	ush h	ple fol	lowed	9/11/2	Cak
30/50	poz plus		ge!	Circu	lated	cenen	7 51	ublied
primp	Kum per	& plus	to c	asins	TI.	1 1 1	010	300
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ACCOUNT	OHANITY -	LINUTO						× ×
CODE	QUANITY or	UNITS	DES	SCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5701			PUMP CHARGE	E			T)	975
5406			MILEAGE					
2401	726		Cas!	as Soo	Luga			
5000	BM	:1	ton	wile	5			165.0
23026	1/2		80 vo	16				13500
11011								
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n 3737								17.0
in 3737						5	ESTIMATED	2/12/20
JTHORIZTION_				TITLE				2405.79

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.