

Kansas Corporation Commission Oil & Gas Conservation Division

1074722

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 ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ 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 #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	County Fermit #
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 II 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)

Other (Specify)

(If vented, Submit ACO-18.)

Operator: Gary Massey Footage taken 14 12 12 12 16 16 15 15 15 15 15 15 15 15 15 15 15 15 15	pud Date: 6-15-11 Vell # 11 Sample type Joil Jay Jand Jay Jand Jay Jand Jay Jahale Jake J	Bit Diameter: 5 7/8*		
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830_831	lime	<u></u>		
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842_848	fime		** **	
848 915	shale			
	some sand with odor			
920 927	mostly shale, some odor shale			<u>.</u>
927_934	shale			<u> </u>
934_937	shale, faint odor			
	black shale			•
937_940	shale			
940_946				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
946_949	sandy shale, no oil			
949_953	mostly sand free oil	e a constitutiva de la constitutiva della constitutiva de la constitutiva della constitutiva della constitutiva della constitutiva della constitutiva della constitut		
953_962	good oil sand			
962_968	black sand, not a lot of oil			
968_1010	shale			
., .,	broken sand, some odor			
1010_1023				
1023_1032	shale		·	
1032	TD			
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LOCATION Eurera	
FOREMAN (Sex / addard	

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

20-431-9210	or 800-467-8676)		CEMEN	T #	7 15-205-7	2 7797	
DATE	CUSTOMER#	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
6-16-11	5405	Marse #11			/3	285	156	Wilson
CUSTOMER _	_						The series of	
Cary Massey - POI Oil			ا ل	TRUCK#	DRIVER	TRUCK#	DRIVER	
MAILING ADDR	ese			1	445	Dave		
in	85 186± 5	(d.			479	Jaen		
СПУ		STATE	ZIP CODE	7				
Euc	eka	KS	62045				<u> </u>	<u> </u>
JOB TYPE Joe		HOLE SIZE	57/9	HOLE DEPTH	1012	CASING SIZE & V	YEIGHT	
CASING DEPT		DRILL PIPE_		TUBING_2	7/8"		OTHER	
SLURRY WEIG	HT /3.6"		27 SJ		k 20	CEMENT LEFT IN	CASING Ø	
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CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	- 1	PUMP CHARGE	975.00	975.00
5406	. 20	MILEAGE	4.00	80.00
1/26	llo ses	O.U.C cent	17.96	1969.60
1107A		Y2 * phonses / Sx	1.22	67.10
Ağıtı	200#	ge)-flor	.26	40.00
5407	5.79	ton milegy bulk tox	7/5	330.00
4402	2	27/8" top retter plage	2206	56.00
4127	2	27/3" centralizers	\$0.00	20.00
4152		27th flat stoc	147.00	147-00
		5% Discont		
		3698.09) <u>Subtatal</u> Sales tax	3744.1
3797		9491Ct	ESTIMATED TOTAL	3892/

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, et our office, and conditions of service on the back of this form are in effect for services identified on this form

TITLE O'LARE