

# Kansas Corporation Commission Oil & Gas Conservation Division

## 1075296

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 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	e:			_ Well #:			
Sec Twp	S. R	East West	County:							
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl		
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	d Datum	Sample			
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No								
List All E. Logs Run:			RECORD [		Used					
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc.  Type of	# Sacks	Type and Percen		
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives		
		ADDITIONA	L OFMENTING (	00115575	DECORD					
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD					
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d		Type and F	Percent Additives			
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe				cture, Shot, Cement mount and Kind of Ma	Cement Squeeze Record d of Material Used)  Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No				
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (	Gas-Oil Ratio	Gravity		
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:		
(If vented, Sub	mit ACO-18.)	Other (Specify) _								



TICKET NUMBER 33143
LOCATION DHAWG
FOREMAN Slan Made

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

# FIELD TICKET & TREATMENT REPORT

CUSTOMER  Tallwate  Tallwate  TRUCK# DRIVER TRUCK# DE  TRUCK# DRIVER TRUCK# DE  SILOR STATE  OKIE ADOMA  OKIE ADOMA  CITY  STATE  OKIE ADOMA  OKIE ADO	5	2					CEME		-		
CUSTOMER TO Jugger MAILING ADDRESS  (42) No and gle  STATE ZIP CODE  OKIE homa City OK 73/16  OBSTYCE LOTS STATA HOLE SIZE 5 B HOLE DEPTH 79/ CASING SIZE & WEIGHT 2/8  CASING DEPTH 78/ DRILL PIPE TUBING OTHER  SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING YES  DISPLACEMENT N, 5 DISPLACEMENT PSI BOD MIX PSI 200 RATE 5 bpm  REMARKS: Held yew Meet Eisted 1: shed rate Mixed of humped  get to llowed by 105 Sx 20/50 poz plus 2090 Circulated  Cement Flughed pump. Rumped plus to casing TD. well  held BOD PSI for 3D minute MIT Sci Hoat Closed  Livers Energy Jian's  ACCOUNT CODE  SHOD I PUMP CHARGE  SHOD I SHOW CASING FORDUCT  WILLEAGE  SHOD I SHOW CASING FORDUCT  WILLEAGE  SHOD I SHOW CHARGE	COUNT	C	RANGE	TOWNSHIP	ION	SECT	BER	ME & NUM	WELL NA	CUSTOMER#	DATE
TRUCK# DRIVER TRUCK# DRIVER  ALLING ADDRESS  BY DAM SUPER  ALLING ADDRESS  ALLING ADDRESS  ALLING ADDRESS  ALLING ADDRESS  BY DAM SUPER  ALLING ADDRESS  ALLING ADDRESS  ALLING ADDRESS  BY DAM SUPER  ALLING ADDRESS  ALLING	N	A	20	20	13	SE	EIW	191	Hastert	7800	12.1-11
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STATE ZIP CODE  DK & homa C:3 y DK 73 1/6  DRIVE DAS STAIS HOLE SIZE  BY CASING SIZE & WEIGHT 278  ASSING DEPTH 781 DRILL PIPE TUBING  LURRY WEIGHT  SURRY VOL. WATER gallsk CEMENT LEFT IN CASING YES  ISPLACEMENT 4,5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bmm  EMARKS: Held of ware 105 8x 50/50 poz plus 290 901 Circulated  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Flughch gump. Tumped plus to casing TD. well  Cement Left of Mixed and the casing to casing TD. well  Cement Left of Mixed gump.  Cement Left o	et	Ne	Outer,	1 1 1 2		La			,	Av sadale	121
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	711	26	TOTAL								

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.