

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1075428

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	Lease Name:Well #:
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	
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:	
Deepening Re-perf. Conv. to ENHR Conv. to SV	/D
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 #:	
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
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 III Approved by: Date:

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sh	eets)	Yes N	lo	Log	Formation	(Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes N	10	Name			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted I (If no, Submit Copy)	Electronically	Yes I	10 10 10					
List All E. Logs Run:								
			SING RECORD	New		n etc		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / F	nt	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR.			Producing N	1ethod:	ping	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COM				OF COMPLE	TION:		PRODUCTION INT	ERVAL:		
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						



DATE

11/2

CITY

CUSTOMER

33047 TICKET NUMBER LOCATION ottawa KS **Oil Well Services, LLC** FOREMAN Fred Mader FIELD TICKET & TREATMENT REPORT PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 CEMENT **CUSTOMER #** WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY Knabe "D" KRI-7 4448 NW 14 22 JO 14 Kansas Resources Expl + Dev. MAILING ADDRESS **TRUCK #** DRIVER TRUCK # DRIVER FREMAD 506 Sater 110th St 9393 W 1+AR BEC 495 STATE **ZIP CODE** 505/7106 CASKEN CK Overbund Park KS 66210 KEI DET KD 598 JOB TYPE Long String HOLE SIZE 923' HOLE DEPTH CASING SIZE & WEIGHT 278 EUE CASING DEPTH 901 DRILL PIPE TUBING OTHER **SLURRY WEIGHT** CEMENT LEFT in CASING 24" Plus SLURRY VOL WATER gal/sk_____ DISPLACEMENT 45 DISPLACEMENT PSI MIX PSI RATESBPM REMARKS: Establish Circulation, Mix + Pump 100# Premium Gel Flush.

Mixx Pump 135 SKs 50/50 mix Cement 2% Cel 2 Pheno Sal/sk.

a Surface. Flush pump + lines clean. Displace 22-24" comment Pubber plugs to casing TD w/ 5.24 BBL Fresh Water. Pressure to 800 # PSI. Release pressure to Sex Flood Value. Shurin cashy. Maden UTAN Drilling ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT** CODE **UNIT PRICE** TOTAL 5401 PUMP CHARGE 975 00 495 30 mi 5406 120 -2 MILEAGE 495 5402 901 Casing footoge NR Minimum 5407 33000 Ton miles 510 5501C 12 hr Transport 16800 505/106 1124 50/50 Por Mix Coment 1355KS 141075 327# 1118B vomium Gel 65.49 65# 82 26 1107A heno deal 1% Ribh 4402 2 DI.

a	wie novber plugs		56-	F
•				
	100			
	AICE			
	- Ans			
lavin 3737	7.525% 7000	SALES TAX	121.	53
			3329	NAME AND ADDRESS OF TAXABLE PARTY.
AUTHORIZTION	TITLE	DATE		
acknowledge that the new ant terms			•	

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