

Kansas Corporation Commission Oil & Gas Conservation Division

1075908

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:	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?					
If Workover/Re-entry: Old Well Info as follows:						
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:					
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 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	epth 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 Type of Depth Cemer		# 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 Cement		# Sacks Used		Type and Percent Additives					
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo					Set/Type Acid, Fra ated (A			acture, Shot, Cement Squeeze Record Amount and Kind of Material Used)			
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			
			Mcf				Gas-Oil Ratio Gravity				
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTION INTERVAL:			
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)				

12-03-12,10.01 , BISON OIL WELL CEMENTING, INC. 1738 Wynkoop St., Ste. 102 Denver, Colorado 80202 Phone: 303-296-3010 Example 202-208-8142

Fax: 303-298-8143 E-mail: bisonoil1@qwestoffice.net

REF. INVOICE # 489/ LOCATION 54. Francis FOREMAN Randy Newton

TREATMENT REPORT

1/0000220/0

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3-13-11 W	alter	WELL NAME		SEC	TION P	TWP	RGE G// W	chey	UNTY	FORMATION		
CHARGE TO Rusewo	od o:	1		· - · · ·	OWNER	Rosew	000 0.1			1		
MAILING ADDRESS					OPERATOR							
сту					CONTRACTOR WW Drilling 2.3 2							
STATE ZIP CODE					DISTANCE	TO LOCATION	79 mi	,,, <u></u>				
TIME ARRIVED ON LOCATION 9.00 D.M.					TIME LEFT LOCATION 6: UURM							
processing the same of the sam	WELL DATA					PRESSURE LIMITATIONS						
HOLC SIZE 77/8	TUBING SIZE		PERFORATIONS				THEOF	IETICAL	INSTRUCTED			
TOTAL DEPTH 5782			SHOTS/FT		SURFACE	PIPE ANNULUS LONG	<u> </u>					
	TUBING WEIGHT		OPEN HOLE		STAING	·, · · · · · · · · · · · · · · · · · ·						
CASING SIZE 4/2/	TUBING CONDIT	ION			TUBING							
CASING DEPTH 5382	P131) 5	332	TREATMENT VIA		TYPE OF TREATMENT			TREATMENT RATE				
CASING WEIGHT	PACKER DEPTH				[] SURF/	VCE PIPE		BREAKOOWN B				
CASING CONDITION (60 C	DU Just 1	722-			[4]PR0D	UCTION CASING		initial BPM	*			
		E SUMMARY			[] SOEE	ZE CEMENT		FINAL BPM				
BREAKDOWN OF CIRCULATING P	si .	AVERAGE	psi		[]ACID E	REAKDOWN		MINIMUM 8PM				
FINAL DISPLACEMENT P	şi	işip	psi		() ACIO STIMULATION			MAXIMUM BPN	·			
ANNULUS P	8ì	5 MIN SIP	psi		[] ACID SPOTTING			AVÉRAGE 8PM				
MAXIMUM p	si	15 MIN SIP psi			(] MISC	PUMP		W	, _{2.}			
MINIMUM PI	Si .				[] OTHER	}		HYO HHP = RATE X PRESSURE X 40.8				
INSTRUCTIONS PRIOR TO JO	MIZ	11 500	250 10	LLL	1	my0,74	145ks x	Chr 12	A 11	C. & B. duran		
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1722 = 366	0 1275)	place w	1821661	BIS MA		-n/ cen			meg 37	18.8 sts and		
80, 5 6615 m	ix white	0000	my 172	2 - Sur	hyce	Doffac	ew 26.	166/ 4	affer			
20% excess	as pu	Tom	RUXH	COM	pany	man	·					
JOB SUMMARY	40 T T	1/4	Can	سهر	/	mto	DisAlace	. 2.	2 John	0550		
DESCRIPTION OF JOB FVEN			مستراه المسر	<u> </u>		Trip	V3/11ac	<i>استعر</i>	Ryus	35 1/		
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AUTHORIZATION	TO PROCEED		ASTRI ST.	TIT					DATE			
Customers heroby acknowledges	ind specifically an		and Confinitions on this		iding, witho	out limitation, the pro	visions on the reverse	side hereof which	h include the	release and indemnity.		
and Displac	E on		^{na} ceme	T)A					PACE	51		
03-12-2012 08	:19 GER	IVEK							PAGE	ΞŢ		