

## Kansas Corporation Commission Oil & Gas Conservation Division

### 1076016

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?
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 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 Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd 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:         Depth Top Bottom         Typ           — Perforate         — Protect Casing           — Plug Back TD         — Plug Off Zone		Type of Co	pe 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				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			Acf Water Bbls.				Gas-Oil Ratio Gravity			
DISPOSITIO	ON OF GAS:		M	ETHOD OF COMPLETION:				PRODUCTION INTERVAL:		
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (		nmingled mit ACO-4)			



TICKET NUMBER 32804

LOCATION O + + awg

FOREMAN Alan Moser

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

# FIELD TICKET & TREATMENT REPORT CEMENT

			PIAIFIA				
DATE	CUSTOMER# WEI	L NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
9-1-11	4448 Knab	e D K	R-4	NW 14	14	22	Ja
CUSTOMER	0 = 1	A					
KGNSGS /	Resources Ex	D		TRUCK#	DRIVER	TRUCK#	DRIVER
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IOB TYPE DU	10-11	3 9/8 HOI	LE DEPTH	920	CASING'SIZE & V	VEIGHT/	8
CASING DEPTH	901 DRILL PIPE_	TUE	BING			OTHER	•
SLURRY WEIGH	T SLURRY VOL	WA WA	TER gal/sl	k	CEMENT LEFT in	CASING Y	25
DISPLACEMENT	A - A	NT PSI 800 MIX	PSI	200	RATE 5	pon	
REMARKS:	ed crew n	reeting.	Es	tablish	red sai	Ko. M	ixed t
pumpe	2d 100 # 901	fo 1184	100	6v 11	7 sk 5	2150,000	2 plus
1290	201 41/2 4 Ph	enoscal,	PPV	Sack.	Circul	ated	coment
Flush	od pump. Pu	imped 2	plus	55 to	Casins	TD.	Well
held	800 PST.	Set floo	24	Clased	valo	e,	
heach	Drilling						
			<b>7.</b>				
					Alm	M	
ACCOUNT					1900	0/100	and the same of th
ACCOUNT	QUANITY or UNITS	DESCR	IPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE					975 N
5406	3D	MILEAGE					120.00
5407	901	casins	Fa	ata -			TAVIUU
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						SALES TAX	110/2.170
avin 3737						ESTIMATED	0 121 10
	7					TOTAL	3/4/
AUTHORIZTION	~100A	TITI	LE			DATE	

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.