

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076018

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 & LEA	SF

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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.):         If Workover/Re-entry:       Old Well Info as follows:         Operator:	Amount of Surface Pipe Set and Cemented at:       Feel         Multiple Stage Cementing Collar Used?       Yes         If yes, show depth set:       Feel         If Alternate II completion, cement circulated from:       Feel         feet depth to:       w/         Sx cmt       Sx cmt         Drilling Fluid Management Plan       (Data must be collected from the Reserve Pit)         Chloride content:       ppm         Fluid volume:       bbls         Dewatering method used:
Conv. to GSW         Plug Back:       Plug Back Total Depth         Commingled       Permit #:         Dual Completion       Permit #:         SWD       Permit #:         ENHR       Permit #:         GSW       Permit #:	Deviation of fluid disposal if hauled offsite:         Operator Name:         Lease Name:         Quarter         Sec.         Twp.         S.         R.         Detailed disposal if hauled offsite:         Operator Name:         Lease Name:         Quarter         Sec.         Twp.         S.         R.         Detailed disposal if hauled offsite:         Quarter         Sec.         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 Approved by: Date:

	Side Two	1
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

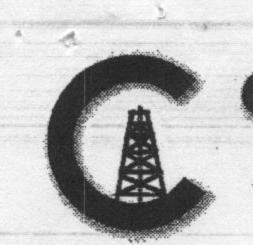
**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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 She	eets)	Yes	No		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	jical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<ul><li>Yes</li><li>Yes</li><li>Yes</li></ul>	□ No □ No □ No					
List All E. Logs Run:								
		Report all		RECORD No	ew Used ermediate, product	ion, etc.		
Purpose of String	Size Hole Drilled	Size Ca Set (In C		Weight Lbs. / Ft.	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 Specify Fo		RD - Bridge P Each Interval I		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITIC	ON OF (	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	mit ACC	)-18.)		Other (Specify)						



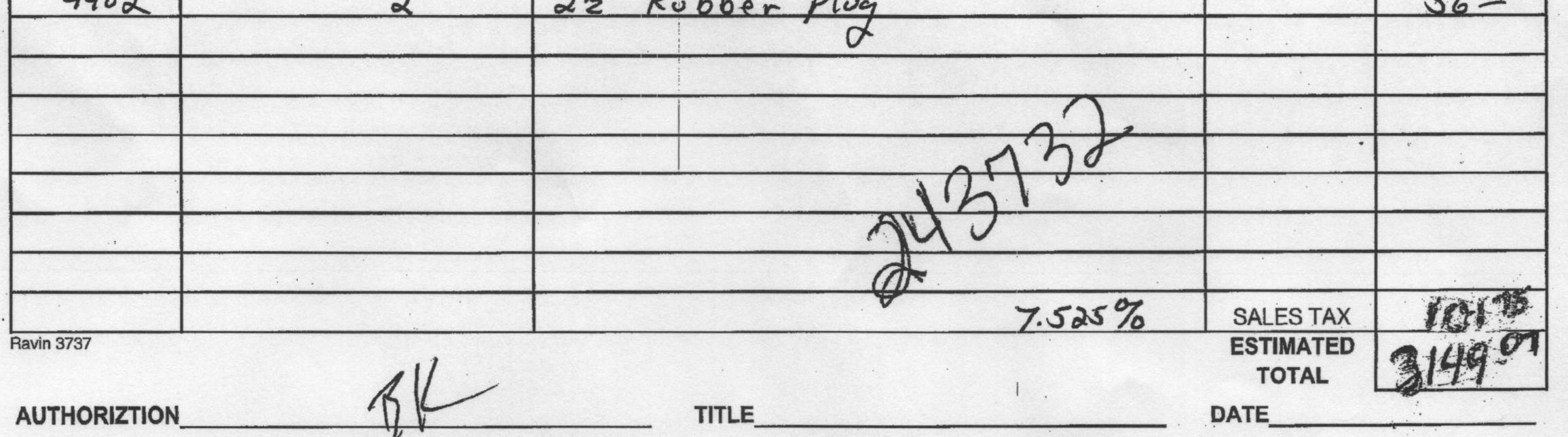
# CONSOLIDATED Oil Well Services, LLC

PO Box 884, Chanute, KS 66720

32788 TICKET NUMBER LOCATION Othaina KS FOREMAN Fred Maden

## FIELD TICKET & TREATMENT REPORT CEMENT

	OWNSHIP RANGE	
NW 14	14 22	50
TRUCK#	DRIVER TRUCK #	DRIVER
506 F	REMAD Satel	1 mrs
495 CA	SKEN GK	0
369 HA	R BEC XID	
503 (1	EXPAR CAP	
PTH 785' CAS	NG SIZE & WEIGHT 278	EVF
	OTHER	
al/sk CEM	ENT LEFT in CASING 22	Plug
RAT	5BPM	0
el 1/2 * Pheno S	al/sk. Cemi	at to
A Jalua Ch	the cashe	
	10540	
	ruce made	
		•• •••••
N of SERVICES or PRODUC	UNIT PRICE	TOTAL
		TOTAL
		925-95
		925-95
age		925-95
age		975-5 12005 N/C
age Truck		975-5 12005 N/c 3305
/		975-5 12005 N/c 3305
Truck		975-5 12005 N/c 3305
Truck Iix Coment		975-9 12000 12000 2700
Truck		975-9 12000 12000 2700
	495 CA 369 HA 503 CE PTH 785' CASI al/sk CEMI RATE # Premium Gel al 1/2 Pheno Se M Displace aler. Press	<u>495</u> CASKEN GIC <u>369</u> HARBEC <u>503</u> CECPAR CAP PTH <u>785</u> CASING SIZE & WEIGHT <u>278</u> OTHER Mal/sk <u>CEMENT LEFT in CASING 2/2</u> RATE <u>5 B PM</u> # <u>Premium Gel Flush.</u> <u>Mikv</u> wel 1/2 # <u>Pheno Seal/sk.</u> <u>Ceme</u> <u>101er.</u> <u>Pressure to 800 # F</u> at value. Shot in <u>casing</u> <u>Fund Madu</u>



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