

Kansas Corporation Commission Oil & Gas Conservation Division

1076022

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 Taken Yes No (Attach Additional Sheets)					Log	y Formation	n (Top), Depth a	oth and Datum		Sample	
Samples Sent to Geological Survey					Name			Тор		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: — 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						Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) 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 Oil Bbls. Gas Per 24 Hours				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 (nmingled mit ACO-4)				



32855 TICKET NUMBER LOCATION Oftawa KS FOREMAN Fred Mader

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

Ravin 3737

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WE	LL NAME & NUI	SECTIO	NC	TOWNSHIP	RANGE	COUNTY			
9/13/11	4448	Knabe	"D" # H	R-6	NW	14	14		VO		
CUSTOMER	5							22			
MAILING ADDR	as Resour	ces Expl	4 Dev.		TRUCK	#	DRIVER	TRUCK#	DRIVER		
					506		FREMAD		My.		
9393 W - 110 th St. Ste 500 CITY STATE ZIP CODE					368		KENKAM	4 4 4	0		
(A)					370		ARLMOD	ARM			
Overland Park KS. 66210 '503 KEIDET/DERMAS &											
JOB TYPE LONG STATE HOLE SIZE 558 HOLE DEPTH 893 CASING SIZE & WE CASING DEPTH 875 DRILL PIPE TURING							VEIGHT 278	EUE			
SLURRY WEIGH		DRILL PIPE_		_TUBING				OTHER_			
DIODI A DELLA GAIISK						CEMENT LEFT in CASING 25" RAG					
REMARKS:	-4 LU-1	DISPLACEMEN	VI PSI	MIX PSI		RATE 4BPM &					
m:	VY PUMA	122	rate. r	Ylix + Pu	mp	00 9	Premium	led FI	SA		
Phy	xx Pump	12 1-1	525 6	0/50 P	2 Min	Co	ment 29	s hel. 1/2			
Plus	o Seal/s	- 4N	ushpul	mp + 1.m	US Clea	m.	Displace	2.22 Ro	bber		
808	* PSI	02/	W/ 5.6	7 0000	Fresh	W	ater. pr	essure Y	70		
cas	* PSI. 1	Mease	presso	ive to	sax 410	X	Value. S	hut in			
							1				
Utahail II.c					Fud Maden						
							rua pro	rour			
ACCOUNT	QUANITY of	UNITS	DE	ESCRIPTION of	SERVICES of	r PRO	DUCT	UNIT PRICE	TOTAL		
5401	,		PUMP CHARGE								
5406	3	o mi	MILEAGE				368		97500		
5402	91			& foota			368		12000		
5407	Minimus			miles	ge				N/C		
5502C		hrs	SOB	BL Vac	T. 11				33000		
		1,113	000	or vac	INUCK				18000		
1124	12	25KS	m/2-	D. 111					0.0		
1118-B		5#	00/30	Por Min	Centen	*			127420		
1107 A	,	*	1 rem.	um Cel					6100		
4402	٦		Pheno Seal Z'E" Rubber plugs						7442		
11000			L2 1	wober	olugs				J600		
				:							
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					(1/	7					
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•				,	1910				• ,		
					/ \						

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.

TITLE

7.525%

SALES TAX

ESTIMATED

TOTAL

DATE_