

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076024

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 Tast / 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 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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name:	
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SW Conv. to GSW	Chloride content: ppm Fluid volume: bbls
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 #:	QuarterSecTwpS. 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 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 B (If no, Submit Copy)	Electronically	YesYesYes	□ 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 RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e		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)						



TICKET NUMBER 32851 LOCATION Offawalls FOREMAN Fred Made

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FIELD TICKET & TREATMENT REPORT

CEMENT

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

COUNTY RANGE TOWNSHIP SECTION WELL NAME & NUMBER CUSTOMER # DATE TO * KR.7 22 NW 14 14 4448 Kna b+ 91 CUSTOMER DRIVER **TRUCK #** DRIVER **TRUCK #** Kangas Resources Expl & Der. MAILING ADDRESS Sofat MA FREMAD 505 9393 W. 110th Ste 500 Sr. 14 Ken HAM 368 ARM ZIP CODE ARLMCD STATE 370 CITY Overland Park 125 GM 66210 GARMOD 503 CASING SIZE & WEIGHT 218 EUE 923' 578 HOLE DEPTH_ HOLE SIZE JOB TYPE hour stim OTHER TUBING_ DRILL PIPE_ CASING DEPTH 200 CEMENT LEFT in CASING 25 WATER gal/sk_____ SLURRY VOL SLURRY WEIGHT_ RATE 4BPM DISPLACEMENT 5, 23 BODISPLACEMENT PSI MIX PSI REMARKS: Establish pump rate. mix forma 100# Premium Gel Flush 50/50 Por mix Cement 2% Cel Pheno Mixx Pump 100 SKS Dicalaco A **CI** .

Shus	I.h Casing.			
	A.I. A. 111.	1. SM	adu	
·UT	AH Drilling	Juice		
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CODE		PUMP CHARGE 368		97500
5401	20	MILEAGE .368		120=
5406	30mi 900	Casing Footage		NIC
5402		Ton Miles 503		33000
55020	Minimum Zhrs	80 BBL Vac Truck 370		18000
	100 elle	50/50 Por Mix Coment		1045
1124	100 sks 268#	Premium Gel		53
1118B	205	I remiun der		61

		010		
		11/140		
		7470		
		0		
		7.525%	NAMES OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	9147
Ravin 3737			ESTIMATED	291202
AUTHORIZTION	TITLE		DATE	
I acknowledge that the payment terms, unles account records, at our office, and condition	ss specifically amended in writing of service on the back of this	ing on the front of the fe s form are in effect for	orm or in the c services ident	ified on this fo