

Kansas Corporation Commission Oil & Gas Conservation Division

1076470

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 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 Casing Set (In O.D.)		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 Depth Top Bottom Type of Cement			ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATION RECORD - Bridge Plugs S Specify Footage of Each Interval Perforat			s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	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.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			



TICKET NUMBER 33174

LOCATION Ottawa KS

FOREMAN Fred mader

DATE

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

AUTHORIZTION_

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CHOTOMED #	MELL MARKE O MILL	MOED				
DATE	CUSTOMER#	WELL NAME & NU	MBEK	SECTION	TOWNSHIP	RANGE	COUNTY
12/21/11	4448	Knabe m #	KR-4	NE 15	1-4	22	. 50
CUSTOMER	0						
Kansa	s Kesouve	ces Expl + Dev.		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE				506	FREMAD	Safety	MK4
9393		35x. 5+e500		368	ARLMOD	APMO	
CITY		STATE ZIP CODE		369	DERMAS	DM	
Overla	nd Park	RS 66210		558	KEIKAR	KC	
JOB TYPE LO	11	HOLE SIZE 598	HOLE DEPTH	766	CASING SIZE & W	EIGHT 21/8	" EOE
CASING DEPTH_	7521	DRILL PIPE	TUBING			OTHER	
		SLURRY VOL			CEMENT LEFT in	CASING 2-	2/2"Plugs
DISPLACEMENT	,4.37	DISPLACEMENT PSI	MIX PSI		RATE 4BPM		
REMARKS: E	stablish	civoulation. N	Tixx Pum	1 100 # A	remoun (es	& Flush.	
Mix	* Pump	104 5KS 50	0/50 Por	mix con	reat 2% a	el 2 Phe	* 0
Sea	e /sk. (ement to SUVT	face. Fl	ush pun	no + lines	aleau.	
Dis	place 2:	2/2" Rubber	alugs to	casive	TO W/ 4.	37 . BB	2
fre	sh wax	er Pressone	to 80	00 # 151.	Release	DVESSUVE	
to	set +1.	oat Value.	shot in	Casino.			
				0			
					1.05	Moder	
Vta	h Drilling	1.		1	1.		
	1						

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or F	PRODUCT	UNIT PRICE	TOTAL
5406	1	PUMP CHARGE	368		103000
540.6	30mi	MILEAGE	368		12000
5402	752'	Casing too tage			N/C
5407	Minimon	Ton Miles	558		3500
5502C	2 hrs	80 BBL Vac Truck	`369		.18000
1124	1045145	50/50 Par Mix Cement			1138 80
1118B	275#	Premion Ceal			1/38 80
1107A	52#	Pheno Seal			67 -8
4402	2	2½" Robber Plugs.			5600
- 1 6 m					
		I ALV			
		746		- •	
		0,	7.525%	SALES TAX	9935
3737	7 /			ESTIMATED	3098 9

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