

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076471

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:	Sec TwpS. R East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
C C	
Purchaser:	Ŭ
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
☐ OG	d. If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
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 S	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec Two S R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or 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 I				
Operator Name:	Lease Name:	Well #:			
Sec TwpS. R East _ West	County:				

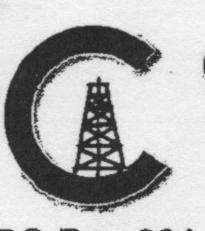
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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 Sheets)		Yes	No		og Formatio	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geological Survey		Yes	No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		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	0 1 11	# 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	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD:	D: Size: Set At: Packer At:			Liner R	un:	No				
Date of First, Resumed Production, SWD or ENHR.			۲.				Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours			Gas	as Mcf Wate		ər	Bbls.	Gas-Oil Ratio	Gravity	
			I							
DISPOSITION OF GAS: METHOD OF COMP				OF COMPLE	TION:		PRODUCTION INTER	RVAL:		
Vented Sold Used on Lease							Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)				Other (Specify)						



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Consolidated.

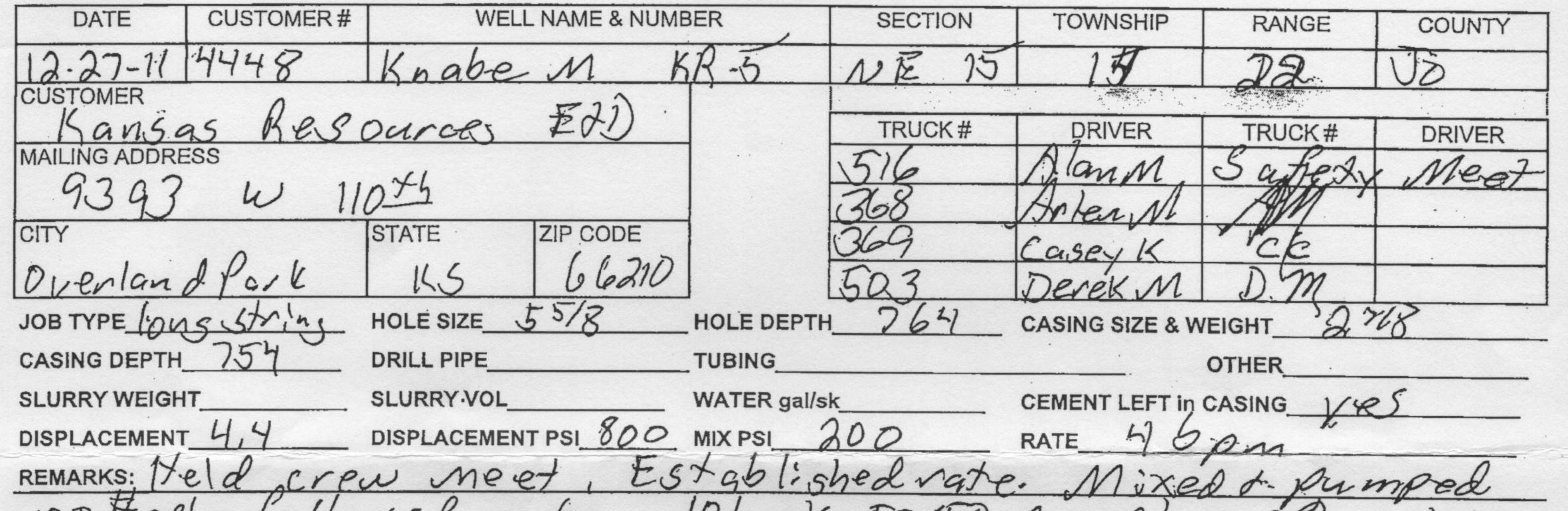
Qil Well Services, LLC

33195 **TICKET NUMBER** aug LOCATION FOREMAN

FIELD TICKET & TREATMENT REPORT

CEMENT

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



END SPA 201 (SGP) e inten 1 mped velup. DG ans Findra ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE TOTAL CODE PUMP CHARGE MILEAGE 54 1.4. Vlac 50/50 cem 70 65,29 heno seal 16

