

## Kansas Corporation Commission Oil & Gas Conservation Division

1076747

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:	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?
If Workover/Re-entry: Old Well Info as follows:	sx cm.
Operator:	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 #:  Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
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						

Side Two



Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [		Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc.  Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (	00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose:  Depth Top Bottom  Type of Cement  Protect Casing Plug Back TD Plug Off Zone		# Sacks Used	d		Type and F	Percent Additives		
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify)						



PO Box 884, Chanute, KS 66720

## FIELD TICKET & TREATMENT REPORT

TICKET NUM	BER/ 36765
LOCATION_	Offaux KS
FOREMAN_	asses Kennedy

620-431-9210	or 800-467-867	6	CEMEN	IT			
DATE	CUSTOMER#	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
1/17/12	4448	Knabe M KR-7	7	NE 15	14	22	10
CUSTOMER .	D	` .					
11 Professional Control of the Contr		XP T Peu		TRUCK#	DRIVER	TRUCK#	DRIVER
	RESS			481	Cackon	CE	
4393 W	110th St Si	vite 500.		485	ALA	11	
CITY	15	STATE ZIP CODE		510	Der Mes		
Overland	Itark			369	ArlMcD	DRINGE	
JOB TYPE O	ngstring	HOLE SIZE 35/8"	HOLE DEPTH	1900'	CASING SIZE & W	EIGHT 27/8	"EUE
CASING DEPTH	1878	DRILL PIPE	_TUBING				
	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING2-2	1/2" rubbar plu
DISPLACEMEN	15,10 bbs	DISPLACEMENT PSI	MIX PSI		RATE 4 bow	1	0
REMARKS: he	ld satety,	neeting, established	d circul	ation, mi	xed + punis	mod 100#	Framion
COUNTY  COUNTY							
corneut	DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY  17712 4448 Knobe M KR-7 NE 15 14 22 JO  1815TOMER  LALINGAS ROOUTCES EXP + Dev TRUCK# DRIVER TRUCK# FEDRIVER  1816ING ADDRESS  1879 3 W 1/01 St Suite 500  1877 STATE ZIP CODE  1878 Alayea AM  1878 Alayea AM  1878 Alayea AM  1879 OB TYPE long fring HOLE SIZE 578" HOLE DEPTH 900' CASING SIZE & WEIGHT 278" EVE  ASING DEPTH 878 DRILL PIPE TUBING OTHER  LURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 2-210" FULLS PIVE  ISPLACEMENT 5.10 bols DISPLACEMENT PSI MIX PSI RATE 1 bopm  EMARKS: held Satty medius, established circulation, mixed to pumped 100# Hemium  Sel followed by 10 bols fresh water, mixed to pumped 137 sts 50/50 Pozicick  Pumped 270 gel to 212" Number plus to casing 7D we 5.10 bols  1828 Water 1 pressured to 800 PSI, released pressure, 8 withinkspira.						
sup clean, displaced 2 21/2" rubber places to cosing 7D end 5, in his							
fresh wat	er i pressu	red to 800 PSI,	released	pressure.	shot incai	W.	
						2	7
						11/1	
						Thy	
						1 /	

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE CONNEUT DUMP	485		1030.00
5406	30 miles	MILEAGE pump truck	485		120.00
5402	8781	casing footage			
5407	1/2 minimum	ton mileage	510		175.00
5502C	1.5 hrs	80 Vac	369		135.00
1124	137 sks	50/50 Poznix remeret	10.95		1500.15
11183	330 #	Premium Gel	, 21		69.30
1107A	69 #	Phenoseal	1.29		89.01
4402	2	2/2" rubber plug	28.00		56.00
		- 0.00			
		111111			1
		0410	7.525%	SALES TAX	129.81
avin 3737			1	ESTIMATED	3303.47

AUTHORIZTION \_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_

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