

Kansas Corporation Commission Oil & Gas Conservation Division

1076769

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 Twp S. 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 ☐ 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:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	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 TwpS. R
☐ ENHR Permit #: ☐ 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 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 Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Depth Top Bottom Type of Cement — Perforate — Protect Casing — Plug Back TD — Plug Off Zone			ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	Per Foot PERFORATION RECORD - Bridge Plug Specify Footage of Each Interval Perl						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)			

CONSOLIDATED Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346 MAIN OFFICE

P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

L & P ENTERPRISES, LLC 29975 INDIANAPOLIS ROAD PAOLA KS 66071 (913)238-0404

DONNER D-14 32988 NW 5 17 22 MI 12/16/11 KS

		_========	===========	=======
Part Number 1124 1118B 4402	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE 2 1/2" RUBBER PLUG	Qty 101.00 270.00 1.00	.2100	Total 1105.95 56.70 28.00
Description 368 CEMENT PUMP 368 EQUIPMENT MILEA 368 CASING FOOTAGE 370 80 BBL VACUUM T 558 MIN. BULK DELIV	RUCK (CEMENT)	Hours 1.00 20.00 713.00 2.00 1.00		Total 1030.00 80.00 .00 180.00



Parts: 1190.65 Freight: .00 Tax: 89.89 AR 2920.54
Labor: .00 Misc: .00 Total: 2920.54
Sublt: .00 Supplies: .00 Change: .00

Signed

Date

BARTLESVILLE, OK 918/338-0808

EL DORADO, KS 316/322-7022

EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303

OAKLEY, KS 785/672-2227

OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



TICKET NUMBER, 32988
LOCATION OHAWA, KS
FOREMAN Casey Konnedy

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

FIELD TICKET & TREATMENT REPORT

S20-431-9210 or 800-467-8676 CEMENT								
DATE	CUSTOMER#	· WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12/16/11	4828	Donne	- D-1	1	NW 5	17	22	MI
CUSTOMER	· · · · ·	. 110			· s · s · s · s · s · s		e i se garab ce	A Section 1
LTT	nterprises	, uc		1	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ess (,			481	Casken	de	2
29975	Indianas	polis Rd			3128	ArlMcD	ARM	
CITY		STATE	ZIP CODE		558	RyaSin/Kei De	RS/KD	
Paola		KS	le6071		370	GarMoo	GU	
JOB TYPE /6	agstring	HOLE SIZE S	5/8"	HOLE DEPTH	1-7251	CASING SIZE & W	EIGHT 07/8	" EVE
CASING DEPTH	713	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	łT	SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in	casing 2%	ribber plug
DISPLACEMENT	4-156615	DISPLACEMENT	r PŞI	MIX PSI		RATE 4/6pm		
1	REMARKS: held sofotu meeting, established circulation, mixed to sumped 100#							
Premion	SALIN SALIN SALIN SALIN							
Pozmix	+ 1207 / 1 1							
displaced								
to 800 PSI, released pressure to set float value, shot in casing.								
		1	8		·	\wedge	(2)	
						/ 1 /	/	
							7	
						1-77		
						(/ .	/	
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION o	f SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
CODE								1000
5401			PUMP CHARG		777	368		1030.00
5406	20 ~	iles	MILEAGE C	oup to	uck	368		80.00

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PROI	DUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Coment pump	368	*	1030.00
5406	20 miles	MILEAGE DUMP truck	368		80.00
5402	713'	casina footage			
5487	minimum	tour mileage	558		350.∞
5502 C	2 hrs	80 bbl vac truck	370		180.00
					,
1124	101 sks	5%50 Poznik cement			1105.95
11183	270 #	Premium Gel			56.70
4462		21/2" rubber plug			28.00
		<u> </u>			
		. 20			
		1 14/05/1			
		+ O-W	7.55%	SALES TAX	89,89
Ravin 3737	1 1 2			ESTIMATED	2021 54
	1/1/2/201		1 4	TOTAL	W720.01
AUTHORIZTION	(gov)	TITLE		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