

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076786

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:		F	eet from North / South Line of Section			
City: State: Zi	0:+	F	eet from East / West Line of Section			
Contact Person:			Nearest Outside Section Corner:			
Phone: ( )		, , , , , , , , , , , , , , , , , , ,	V SE SW			
CONTRACTOR: License #						
Name:		-	Well #:			
Wellsite Geologist:			VVGII #			
5						
Purchaser:		0				
Designate Type of Completion:			Kelly Bushing:			
New Well Re-Entry	Workover		ug Back Total Depth:			
Oil WSW SWD	SIOW	Amount of Surface Pipe S	et and Cemented at: Fe			
Gas D&A ENHR	SIGW	Multiple Stage Cementing	Collar Used? Yes No			
☐ OG	Temp. Abd.	If yes, show depth set:	Fe			
CM (Coal Bed Methane)		If Alternate II completion, o	cement circulated from:			
Cathodic Other (Core, Expl., etc.):		feet depth to:	w/sx cn			
If Workover/Re-entry: Old Well Info as follows:						
Operator:		Defilie a Flacid Management				
Well Name:		Drilling Fluid Manageme (Data must be collected from a				
Original Comp. Date: Original To	otal Depth:					
	ENHR Conv. to SWD	Chloride content:	ppm Fluid volume:bb			
Conv. to	GSW	Dewatering method used:				
Plug Back: Plug		Location of fluid disposal it	f hauled offsite:			
Commingled Permit #:		Operator Name:				
Dual Completion Permit #:						
SWD Permit #:			License #:			
ENHR Permit #:		Quarter Sec	TwpS. R East We			
GSW Permit #:		County:	Permit #:			
Spud Date or Date Reached TD Recompletion Date	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 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		Log F	ormation (Top), Depth a		Sample Datum		
Samples Sent to Geological Survey		Yes No		Indiffe		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		<ul> <li>☐ Yes</li> <li>☐ No</li> <li>☐ Yes</li> <li>☐ No</li> <li>☐ Yes</li> <li>☐ No</li> </ul>							
List All E. Logs Run:									
	CASING RECORD New Used								
		Report all strings s	et-conductor, surface	e, intermediate,	production, etc.				
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		ting Type of pth 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	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD:	Size: Set At: Packer At:				r At:	Liner R	un:	No		
Date of First, Resumed Production, SWD or ENHF			<i>₹</i> .	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.		Gas Mcf Wate		er	Bbls.	Gas-Oil Ratio	Gravity		
			I			1				
DISPOSITION OF GAS: METHOD OF COM				OF COMPLE	TION:		PRODUCTION INTE	RVAL:		
Used on Lease			Open Hole Perf. Dually			v Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)							

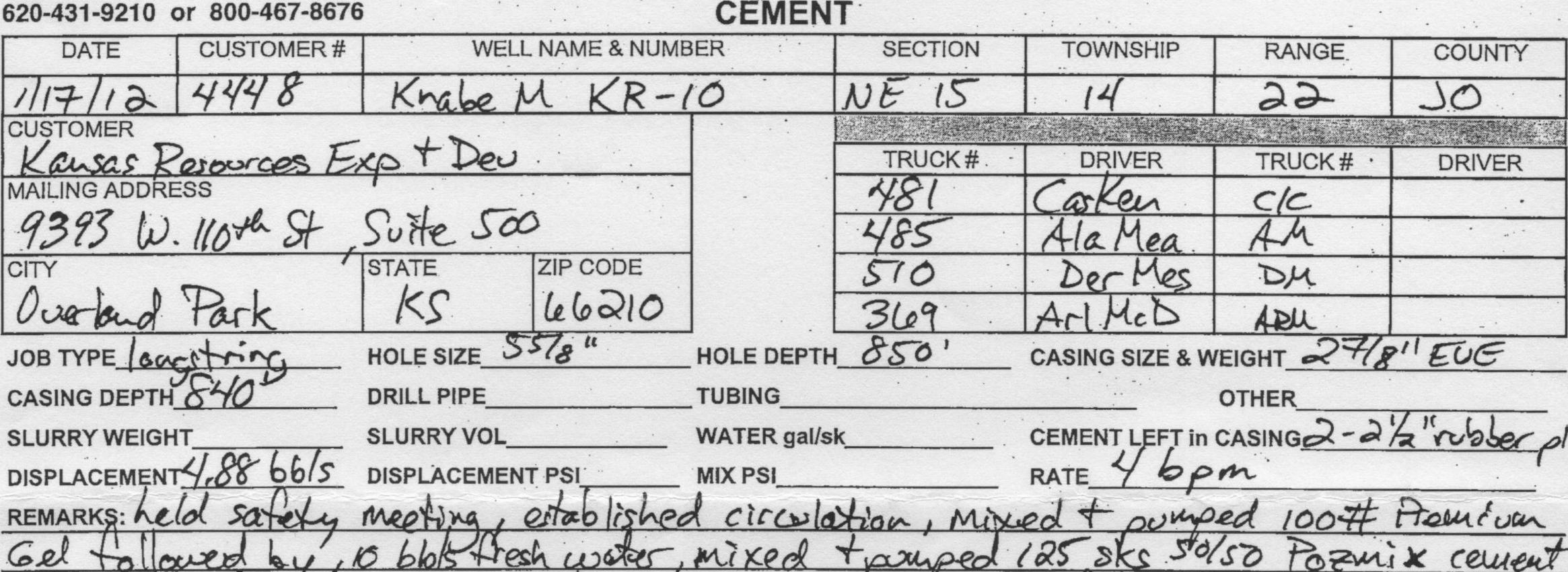
Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



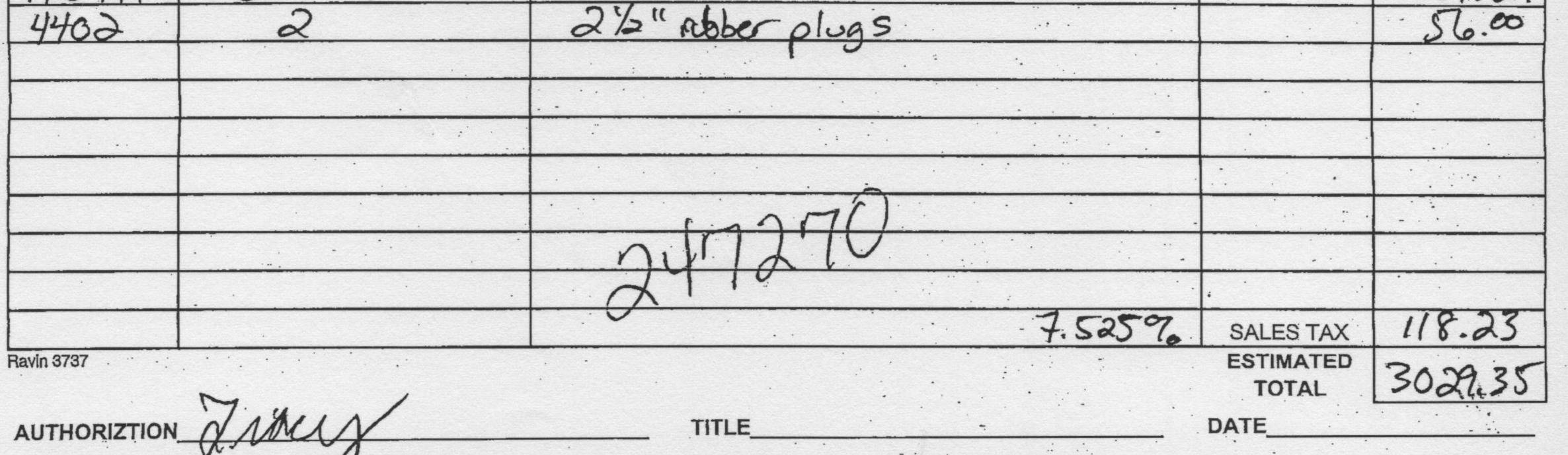
CONSOLIDATED Oil Well Services, LLC

36766 **TICKET NUMBER** LOCATION FOREMAN (asee enned FIELD TICKET & TREATMENT REPORT

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



0/50 Poznix cement , 10 blogstresh water, mixed tramped 125 sks Tollouter P.C 1/5# Phenoseal per sk, caneut 207 to surface, thushed owno clean, gel 4.88 6615 fresh water, 1/2" rubber plugs to caring TO w pressured hisplaced pressure , what in casing. released 800 ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE TOTAL CODE 1030.00 cerrent surge PUMP CHARGE 5406 MILEAGE Truck pump lease on 840' 5402 Casing tootage niteage Minimum 5407 00 ton 55020 35,90 Vac hrs 50/50 Poznix cement 1368.75 Sks 124 25 # 1118B remium Gel 310 65.10 henosed # 63 107A 81.27



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.