

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076889

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:	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: ()	
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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt.
If Workover/Re-entry: Old Well Info as follows:	w/sx cmi.
Operator:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:
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						
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 Sheets)		Yes I	ю	□ Lo Nam	-	n (Top), Depth and		Sample	
Samples Sent to Geolog	gical Survey	Yes I	No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		Yes IN Yes IN Yes IN	No						
List All E. Logs Run:									
			SING RECORD						
		Report all string	s set-conductor,	surface, inte	rmediate, producti	on, etc.		-	
Purpose of String Size Hole Drilled Size Casing Set (In O.D.)			eight s. / Ft.	Setting Depth	Type of 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				ļ	Depth				
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR.			۶.	Producing Method:			Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	Oil Bbls. Gas Mcf Wa		Wate	er	Bbls.	Gas-Oil Ratio	Gravity	
									1	
DISPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INTER	RVAL:				
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit /		Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC)-18.)		Other (Specify)						



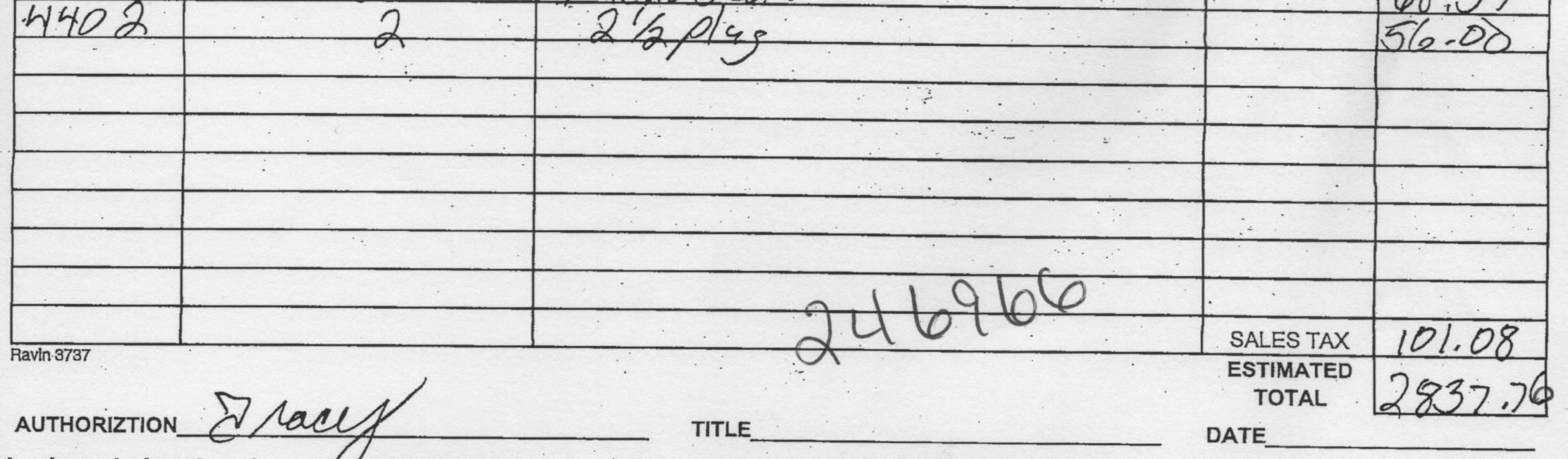
CONSOLIDATED Oil Well Services, LLC

36782 TICKET NUMBER LOCATION 077 quig FOREMAN_ FIELD TICKET & TREATMENT REPORT

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

620-431-9210 or 800-467-8	8676	CEMEN	IT		• • •	
DATE CUSTOME	R# WELL NAME &	NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-3-12 4448	Knabe M	K.R.T.6	NE 15	14.	22	VO
KGNSAS BES	ourcas EfD		TRUCK#	DRIVER		
MAILING ADDRESS	11		5.16	AlanM	TRUCK#	DRIVER
9393 W	11659		368	ArlenM	Jeller 7	Meet
Diverland Pari	K KS GG21	· .	370	GaryM	Gh	•
JOB TYPE LOng 9 tring		HOLE DEPTH	1764	CASING SIZE & W	K)	15
CASING DEPTH 754	_ DRILL PIPE	TUBING			OTHER	0
SLURRY WEIGHT	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in		5
DISPLACEMENT 414	DISPLACEMENT PSI 80	20 MIX PSI	200	RATE 45	om	· ·.
REMARKS: Held C.	ren neet	Estabi	ished	vate.	Mixed H	- Dundad
1007 and tal	lourel A	all DATE	v	1 1	nd all	1 1 1 1

cement of H Flushed pump. Sack. ater C. e.M.e.M. value, Evans Fnergy ACCOUNT **QUANITY** or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE CODE TOTAL PUMP CHARGE MILEAGE Dage Cril Ton Mi Rement DC. hendsen 00



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.