

#### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1076943

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: 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 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?					
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 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 #:	Operator Name:					
Dual Completion Permit #:	Lease Name: License #:					
SWD Permit #:	Quarter Sec Twp S. R					
☐ ENHR         Permit #:           ☐ 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 I II Approved by: Date:



Side Two Operator Name: \_ Lease Name: \_ \_ Well #: \_ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL:

Perf.

Dually Comp.

(Submit ACO-5)

Commingled

(Submit ACO-4)

Open Hole

Other (Specify)

Vented Sold Used on Lease

(If vented, Submit ACO-18.)



Ravin 2790

#### 211 W. 14TH STREET, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

## ORIGINAL

TICKET NUMBER 24359

LOCATION Chanvele

ESTIMATED TOTAL

#### **FIELD TICKET**

6-1-04	CUSTOMER ACCT #	WELL NAI HINKL€ 30		/QTR	SECTION 30	TWP .52.5	RGE 196	COUNTY	FORMATION
CHARGE TO A	Durst Cheron		,		OWNER				
				-4					
MAILING ADDR	ESS P.O. Box	100			OPERATOR				
CITY & STATE	Benedict,	gusas	66714	200	CONTRACTO	OR			· · · · · · · · · · · · · · · · · · ·
ACCOUNT CODE	QUANTITY	or UNITS	or UNITS DESCRIPTION OF				DT T	UNIT PRICE	TOTAL AMOUNT
5401	1-4	lell	PUMP CHARGE	Ceme	nt ou	mn			1007 30
1110	/	0 sk	Ilsomite		/	7			19400
1107	/	SK	-10-Seal						3725
1118		254	Premium	ac/	(20	thead.	)		1360
1215A		gal k	CL "	/					1,00
11118		gal :	sodium s	ilica	te_	<u> </u>			15000
				- 1					
				int					
-				ч-	-				
							7 11 11 11 11		
1123	509	to gol	city water	r	(1)	20 66	0	1.0	262
					4	/	RECEI T 1520		
			1	, r		00	7 1	ED	
						ka	1521	ne	
			BLENDING & HAND	LING *		-vcc	Win	09	
5407		44 mi	TON-MILES MI	nim	1110		WICH	TA	14000
			STAND BY TIME	e i e i i	4216				(1)
		1	MILEAGE	17					7
5501C		3 hr 1	WATER TRANSPOR	RTS				100	24000
550ZC		3 hr 1	ACUUM TRUCKS	1					411,20
			RAC SAND					# 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	113.
1126		975K (	CEMENT OWC			1035	KT014		109610

Todd A. Tindle CUSTOMER or AGENTS SIGNATURE CIS FOREMAN CUSTOMER or AGENT (PLEASE PRINT)

(ouc; 5 gilsonite; 14 flo-seal

CONSOLIDATED OIL WELL SERVICES, INC. 211 W. 14TH STREET, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676 TICKET NUMBER 31554
LOCATION Chande
FOREMAN Todd A Tindle

### TREATMENT REPORT

# ORIGINAL

15 MIN. MAX RATE MIN RATE

DATE	CUSTOMER #	WELL NAME	FORMATION	] "	TRUCK #	DRIVER	TRUCK #	DRIVER		
6-1-04	10628	LINKLE #30	/	2	255	John				
SECTION	TOWNSHIP	RANGE	COUNTY	1	103	wes				
30	313	196	LB		140	Tim				
USTOMER				*						
Quest (	Cherokee LL	C		, , , , , , , , , , , , , , , , , , ,						
MAILING ADDF	RESS									
P.O. Box	160									
CITY										
P.O. Box CITY Benedict STATE	_							14		
STATE		ZIP CODE								
Kansas		66714		·	TYPE OF TREATMENT					
			# # #	* -	[ ] SURFACE	PIPE	[ ] ACID BREA	KDOWN		
TIME ARRIVED	ON LOCATION			*	[ # PRODUCT	TON CASING	[ ] ACID STIMU	JLATION		
WELL DATA				[ ] SQUEEZE CEMENT [ ] ACID SPOTTING						
HOLE SIZE 634 PACKER DEPTH		Н		[ ] PLUG & AI	BANDON	[ ]FRAC				
TOTAL DEPTH 824		PERFORATION	IS		[ ] PLUG BAC	K	[ ] FRAC + NITROGEN			
SHOTS/FT				[ ] MISP. PUN	ИP	[ ]				
ASING SIZE 41/2 OPEN HOLE			[ ] OTHER		[]					
CASING DEPT	н 805									
CASING WEIGHT TUBING SIZE				PRESSURE I	IMITATIONS					
CASING CONE	OITION	TUBING DEPTH	1				THEORETICAL	INSTRUCTE		
	TUBING WEIGHT		-IT	.,	SURFACE PIPE					
		TUBING COND	ITION		ANNULUS LONG	STRING				
REATMENT V	11A Coment les	ad in 12.5;	Tail 13.8		TUBING					
NSTRUCTION	PRIOR TO JOB	Circulate a	Stresh A	120; 2 98	p; pump	run 5 bk	be due w/15	5 gal soo		
silicate.	Cement un	til due me	turn; to	Jush pun	p; pump	olug w/ KC	L water.	Set flo		
hoe										
AUTHO	DRIZATION TO PR	ROCEED		TITLE			DA	TE		
						-				
TIME	STAGE	BBL'S	INJ RATE	PROPPANT	SAND / STAGE	PSI	T			
AM / PM	t Cirial	PUMPED	THO THATE	PPG	SAND / STAGE	1.01				
				1			BREAKDOWN	PRESSURE		
				į.	3.0	• • •	DISPLACEMEN	Т		
							MIX PRESSURE	Ξ		
							MIN PRESSURI	E		
							ISIP			