

Kansas Corporation Commission Oil & Gas Conservation Division

1076956

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
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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt
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 TwpS. R
ENHR Permit #:	County: Permit #:
GSW Permit #:	. 5
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: _ _ 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: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



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

ORIGINAL.

TICKET NUMBER 24453

LOCATION Chanute

FIELD TICKET

	TOMER ACCT # WELL N		SECTION	TWP 325	19E	COUNTY	FORMATION
CHARGE TO QUE	st Cherokee LL	C	OWNER				
MAILING ADDRESS	P.O. BOX 100		OPERATOR				
CITY & STATE B	nedict, Kansas	66714	CONTRACT	TOR			
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT		СТ	UNIT PRICE	TOTAL AMOUNT	
5401	1-WELL	PUMP CHARGE CEMENT PUMP					(07)
11.0	4.4	, ,	/	/			100

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT UNIT PRICE	JNIT TOTAL AMOUNT		
5401	1-Well	PUMP CHARGE C'EMENT PUMP	1007 35		
1110	1054	gilsonite	19400		
1107	1 SX	flo-seal	3775		
1118	2 5K	Premium gel (2 ahead)	2360		
1215A	1996	KEL	2500		
11118	15 gal	Sodium Silicate	Eco		
			19		
1123	3360 gal	city water (80 bhl)	37,80		
	/				
		OCT 15 200			
		BLENDING & HANDLING TON-MILES MINIMUM STAND BY TIME			
		100/15			
		* Co. 2006			
		BLENDING & HANDLING WICL			
5407	46 mi	TON-MILES MINIMUM HITA	19000		
		STAND BY TIME	#. H		
	\	MILEAGE			
5501C	2 hr	WATER TRANSPORTS	14000		
5502C	2 hr	VACUUM TRUCKS	1200		
		FRAC SAND			
1126	101 64	CEMENTOWC (107 SK -Total)	1141.35		
1100	101 SK	7 7 3 10 10 10	100		
		(owe; 5 gilsonete; 1/4 flo-seal)	STAX (CIS C		
		our, 5 yilsonete, 14 +10 Seal			
2790	Wellis - Waller II - Waller	ESTIMATED T	OTAL 1817.		

	ESTIMATED TOTAL 35(1.1.
CUSTOMER or AGENTS SIGNATURE	CIS FOREMAN Todd A. Tindle
CUSTOMER or AGENT (PLEASE PRINT)	DATE

CONSOLIDATED OIL WELL SERVICES, INC. 211 W. 14TH STREET, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

RECEIVED OCT 15 2004 KCC WICHITA TREATMENT REPORT

TICKET NU	MBER.	318	48
LOCATION	Ch	anute	, ,
FOREMAN	Todo	ATI	odle

ORIGINAL

C BATE	L CHOTOMED #	Lwei bare	LEODMATION	,				
DATE	CUSTOMER #	WELL NAME	FORMATION		TRUCK #	DRIVER	TRUCK #	DRIVER
6-8.04	6628	Hankle 19-1			John	255		
SECTION	TOWNSHIP	RANGE	COUNTY		206	WES		
/9	325	19€	LB		140	Tim		
CUSTOMER					370	Joe		
MAILING ADDR	heraker LLC RESS		***************************************	-				
P.O. BOX	100				· ·		 	
1.27				1				
Benedic	:t							
STATE		ZIP CODE		1				
Kansas	f	66714				TYPE OF T	REATMENT	
S _T					[] SURFACE	PIPE	[] ACID BREA	AKDOWN
TIME ARRIVED	ON LOCATION				PRODUCT	ION CASING	[] ACID STIM	ULATION
	WELL	DATA		-	[]SQUEEZE	CEMENT	[] ACID SPOT	TING
HOLE SIZE	63/4	PACKER DEPT	Н]	[] PLUG & AE	BANDON	[]FRAC	
TOTAL DEPTH	809'	PERFORATION	IS		[] PLUG BAC	K	[] FRAC + NIT	FROGEN
		SHOTS/FT			[] MISP. PUM	1P	[]	
CASING SIZE	41/2	OPEN HOLE		[]OTHER		[]		
CASING DEPTI	н 832′							
CASING WEIG	нт	TUBING SIZE				PRESSURE I	LIMITATIONS	
CASING COND	ITION	TUBING DEPTH	-				THEORETICAL	INSTRUCTED
		TUBING WEIGH	-IT		SURFACE PIPE			
		TUBING COND			ANNULUS LONG	STRING		
TREATMENT V	IA Cement L	eadin 12.5,	Tail 13.9		TUBING			
		in an			egel ahead	1: Run 6	Lbl der	W/ 15 go
	silicate 1				2: 1/45h	PUMP: D	uma ple	vá ust
KCL wat	, = ,	float sh	/	-		, , , ,	, ,	/ /
AUTHO	PRIZATION TO PR	ROCEED		TITLE	¥	17:	, D/	ATE :
TIME	STAGE	I BBL'S	INJ RATE	PROPPANT	L CAND / CTAOF			
AM / PM	STAGE	PUMPED	INJE	PPG	SAND / STAGE	PSI		
							BREAKDOWN	PRESSURE
							DISPLACEMEN	IT
							MIX PRESSUR	E
							MIN PRESSUR	E
							ISIP	
							15 MIN.	
							MAX RATE	
						1.6	MIN RATE	

Formation (source name)	Тор	Base	Source	Updated
Pawnee Limestone Formation (Pawnee)	168		ACO-1/Driller's Log	Jun-29-2005
Fort Scott Limestone Formation (Oswego)	253.5		ACO-1/Driller's Log	Jun-29-2005
Verdigris Limestone Member (Verdigris)	404		ACO-1/Driller's Log	Jun-29-2005
Mississippian System (Mississippi)	774		ACO-1/Driller's Log	Jun-29-2005