

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1078195

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 Cast / 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.): If Workover/Re-entry: Old Well Info as follows:	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.
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 Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:
GSW Permit #:	
Spud Date or Recompletion Date Date Reached TD 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
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:	

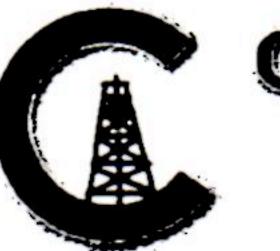
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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		og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
				ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, product	tion, etc.	-	1
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / 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					ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed P	roduct	on, SWD or ENH	ર .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	N OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	nit ACC	-18.)		Other (Specify)					



Consolidated

Oil Well Services, LLC

36512 TICKET NUMBER LOCATION OX FOREMAN Fred Mas

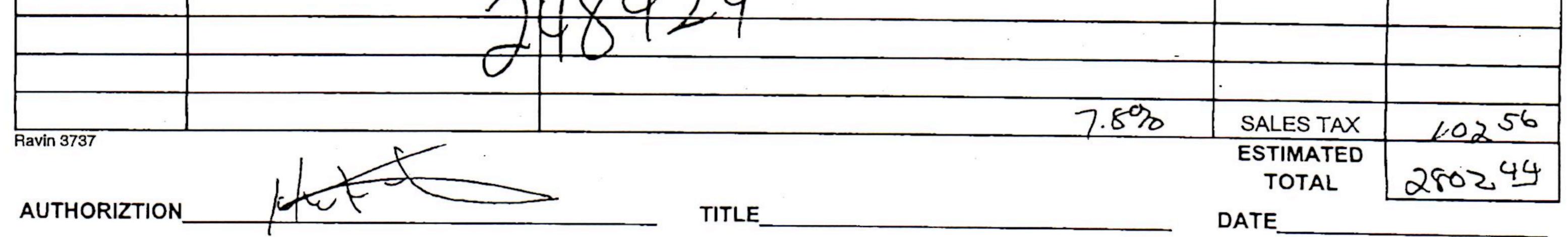
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 80	0-467-8676			CEMEN	Г			6 1
DATE CUS	STOMER #	WE	LL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
	506	Sob	1 b a #	8T	NW 15	20	20	AN
CUSTOMER								ing an and the second second
Tail	water	· Inc.			TRUCK #	DRIVER	TRUCK # ·	DRIVER
MAILING ADDRESS					506	FREMAD	Sater	mt.
6421 1	foonda	le Dr			495	HARBEC	HIB	J
CITY	~~	STATE	ZIP CODE		369	DERMAS	DM	
O Klahoma (City	OK	73116		548	MIKHAA	Mit	
JOB TYPE Long 5	trin	HOLE SIZE	575	HOLE DEPTH	765	CASING SIZE & W	FIGHT 275	FUE

SIZE & WEIGHI & & LOVE CASING DEPTH 53 DRILL PIPE TUBING OTHER CEMENT LEFT in CASING 2/2 1 Plus WATER gal/sk_ **SLURRY WEIGHT** SLURRY VOL DISPLACEMENT DISPLACEMENT PSI RATE 58PM .39 MIX PSI Tix Pomp 100# Promium Gel Flush. REMARKS: Establish anno 2 sks 50/50 Por mix Coment 270 Gel Umo Cement Jush pump + lines Suvface Displace 22 clean. rubber plug 800 # PSI to raising ressure DYESSURE Set float value. Shut to release Casily Evans Energy Dov. Luc. ACCOUNT DESCRIPTION of SERVICES or PRODUCT QUANITY or UNITS UNIT PRICE TOTAL CODE 5401 PUMP CHARGE 00

5401	/	PUMP CHARGE	495	1030 -
5406	~	MILEAGE		N/C
5402	755	Casing Footage		NIC
5407	42 minimum	Ton Miles	548	17500
55020		80 BBL Vac Truck	369	18000
	· ·			
1124	112 SKS.	50/50 Por mix Coment		1226 40
1118B	288*	Premium Gel		6048
4402		21/2 * Rubber Alug		2800
	•			
		$\frac{1}{1}$		



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