

Kansas Corporation Commission Oil & Gas Conservation Division

1079017

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

Name: Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R 🔲 East 🗌 West
Contact Person:	Address 2:	Feet from North / South Line of Section
NR	City:	Feet from _ East / _ West Line of Section
CONTRACTOR: License # County: Name: Wellsite Geologist: Purchaser: Posignate Type of Completion: New Well Re-Entry Workover Gas D&A ENHR SIGW Gas D&A ENHR SIGW Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: 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: Original Comp. Date: Original Total Depth: Conv. to GSW Depening Re-perf. Conv. to GSW Departing method used: Location of fluid disposal if hauled offsite: Coperator Name: Lease Name: License #: License #: County: Permit #: Caps County: Permit #: County: Pe	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Lease Name:	Phone: ()	□NE □NW □SE □SW
Wellsite Geologist:	CONTRACTOR: License #	County:
Purchaser:	Name:	Lease Name: Well #:
Designate Type of Completion: New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. If Workover/Re-entry: Old Well Info as follows: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to GSW Plug Back: Plu	Wellsite Geologist:	Field Name:
New Well	Purchaser:	Producing Formation:
New Well	Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
Oil		, ,
Well Name:	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?
Well Name:Original Total Depth:	Operator:	
Original Comp. Date: Original Total Depth: bbls 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 #: GSW Permit #: GSW Permit #: Original Total Depth: bbls Chloride content: ppm Fluid volume: bbls Dewatering method used: brail disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R East West County: Permit #:	Well Name:	
GSW Permit #: County: Permit #:	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 #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #:
	Spud Date or Date Reached TD Completion Date or	

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 I II Approved by: Date:	

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot PERFORATION RECORD - Specify Footage of Each			Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

April 18, 2012

P.J. Buck Jones & Buck Development, a General Partnership PO BOX 68 SEDAN, KS 67361-0068

Re: ACO1

API 15-019-27116-00-00 Lemmon JBD #15a NW/4 Sec.26-34S-10E Chautauqua County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, P.J. Buck

ACKARMAN HARDWARE and LUMBER CO 160 EAST MAIN STREET SEDAN, KS 67361

PHONE: (620) 725-3103

THANKS FOR YOUR BUSINESS!!

253		No Pur	chase	Order	LEMON-MC	Reference ORE	T NET 10TH	erms	GC GC	rk	Date 11/28/		Time 11:42
	d To: JONES & B P. O. BOX		67361		Ship T	o:	TAX	: 001			•	DUPLI	208789 CATE** DICE *
N# 5	SHIPPED	ORDERED	UM	SKU		DESCRIPTION		SUGG	UNITS	PRIC	CE/PER	EXT	ENSION
	10		EA	RM44816		PORTLAND CEMENT 92.6#			10	10.	.95 /EA		109.50 *

** AMOUNT CHARGED TO STORE ACCOUNT **

120.23 TAXABLE

109.50

(RANDY BROWN

NON-TAXABLE

0.00

SUBTOTAL

109.50

TAX AMOUNT

10.73

TOTAL AMOUNT

120.23

 $\underbrace{\mathsf{Manual}\; \underset{\scriptscriptstyle{\mathsf{Received}\;\mathsf{By}}}{\mathsf{Signature}}}$

CONSOLIDATED Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346 MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

J. B. D. % P. J. BUCK P.O. BOX 68 SEDAN KS 67361 (620)725-3636 LEMMON JBD 15A 32409 12/07/11 26-34S-10E KS

=====				=========		
Part 1	Number	Description		Qty	Unit Price	Total
1126A		THICK SET CEMI	ENT	180.00	19.2000	3456.00
1107A		PHENOSEAL (M)	40# BAG)	80.00	1.2900	103.20
1110A		KOL SEAL (50#	BAG)	900.00	.4600	414.00
1118B		PREMIUM GEL /	BENTONITE	150.00	.2100	31.50
1123		CITY WATER		5460.00	.0165	90.09
4404	1	4 1/2" RUBBER	PLUG	1.00	45.0000	45.00
Sublet 9999-2		Description CASH DISCOUNT CASH DISCOUNT				Total -354.34 -620.97
398 398 398 NUNNE 518	Description CEMENT PUMP EQUIPMENT MILES CASING FOOTAGE WATER TRANSPORT	r (cement)	Hours 1.00 50.00 1774.00 3.50 1.00		1030.00 200.00 390.28	

Amount Due 6845.68 if paid after 01/12/2012

			========	========	=======	=========	====	=========
g.	ublt:	-975.31	Supplies:	.00	Change:	.00		
L	arts: abor: ablt:	.00	Misc:	.00	Total:	5818.83		
P	arts	4139.79	Freight:	.00	Tax:	292.07	AR	5818.83

Signed______Date____



246421

WELL NAME & NUMBER

TICKET NUMBER 32409

LOCATION Bartles ville, OK

FOREMAN Kirk Senders

RANGE

COUNTY

TOWNSHIP

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

CUSTOMER#

FIELD TICKET & TREATMENT REPORT CEMENT

SECTION

12-7-11	427/ Lema	non JBD =	150	26	345	LIDE	1 20
USTOMER				TDUO!!	DDIVED	TOUGH	ם מיינים
AILING ADDRES	SS TBD		-	TRUCK#	DRIVER	TRUCK#	DRIVER
	· ·			398	John W.		-
ΓY	STATE	ZIP CODE	-	218	James B.		
	01/112	2.11 0002	1	Nunnel	by 15	 	
B TYPE	45 HOLE SIZ	E 63/4	HOLE DEPTH		CASING SIZE & 1	WEIGHT 4//2	
SING DEPTH_	1774.50 DRILL PIP	E	TUBING			OTHER	
	T_/3.8 SLURRY					CASING	
	28.2 DISPLACE						
MARKS: Z	lines, drapped	est circ. A	Pan 180:	ex of This	ok Sot Cal	ment. Fl	ushed
		my - 41					
D1	,,,	- Circ. C	1 4	4.5.1			
Pluz held	« <u> </u>	- Circ. C	emens	to Just.			
						*50/05 /	Monet
						A LKS	JD
						0	
						_	
ACCOUNT CODE	QUANITY or UNITS	D	ESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	/	PUMP CHAR	GE				1030
5406	50	MILEAGE					200
5407		BUIK	TEK				37
5402	1774'	Footas	'e				390
5501C	3.5 prs.	Transp	ort				39.
112/04	180sx	71:4	Set Como	.c+	*		3,450
IIOTA	3035 3025		Seal Come		ay ay		103
IIIOA	900#	Kal Se	1				4/4
11188	150#	l	m Gel		ا لاءِ	<u> </u>	3/
1123	5,460 gal	Ci	L.				90
4404	1	UT A	ubber Plu	. /	77		45
7707		4/2/6/	VADOF 110		#		40
		,					
		15% 0	ise Price	\$5,819	13		
3737	-A-111				8.3%		343
5.51						ESTIMATED TOTAL	6,845
THORIZTION_			TITLE			IOIAL	0,075

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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April 18, 2012

P.J. Buck Jones & Buck Development, a General Partnership PO BOX 68 SEDAN, KS 67361-0068

Re: ACO-1 API 15-019-27116-00-00 Lemmon JBD #15a NW/4 Sec.26-34S-10E Chautaugua County, Kansas

Dear P.J. Buck:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/2/2011 and the ACO-1 was received on April 18, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department