



KANSAS CORPORATION COMMISSION 1079669  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- 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:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

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 #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

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.

**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: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1079669

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

CHRIS A. BEAN  
 CONSULTING PETROLEUM GEOLOGIST  
 511 W. 112<sup>ND</sup> ST.  
 MOORE, OK 73047  
 918-834-7943 C.B.EAN@ATTNET

## GEOLOGIST'S REPORT

### DRILLING TIME AND SAMPLE LOG

WELL NAME <u>REGIONAL HILL O&amp;G</u>	ELEVATION
WELL # <u>PARKS # 4-4</u>	KB <u>2136</u>
FIELD <u>STRATTON NE</u>	DEP
LOCATION <u>354 F.S.L. 1819 FEL</u>	GL <u>2128</u>
SEC <u>4</u> TWP <u>11s</u> RGE <u>21w</u>	Measurements Are All From <u>KB</u>
COUNTY <u>TREGO</u> STATE <u>KANSAS</u>	CASING
CONTRACTOR <u>INTEGRITY # 7</u>	SURFACE <u>277 sets @</u>
SPUD <u>3-19-12</u> COMP <u>3-26-2012</u>	PRODUCTION <u>1' off T.D.</u>
WTD <u>3820</u> LTD <u>3822</u>	ELECTRICAL SURVEYS
WID UP <u>3100</u> TYPE MUD <u>@ CHEMICAL</u>	MICRO-CNC DL
	DIL-FRAC-SONIC
SAMPLES SAVED FROM <u>-</u> TO <u>-</u>	
DRILLING TIME KEPT FROM <u>3100</u> TO <u>TD</u>	
SAMPLES EXAMINED FROM <u>3100</u> TO <u>TD</u>	
GEOLOGICAL SUPERVISION FROM <u>3-24-11</u> TO <u>TD</u>	
GEOLOGIST ON WELL <u>CHRIS A. BEAN</u>	

P4 # 4-4

FORMATION TOPS	LOG	SAMPLES	
STONECORAL	1589 +547	1590 +546	NW SE SW SE 4          #44 O
BASE	1643 +493	1639 +497	
TOPEKA	3166 (-1030)	3164 (-1028)	
HEEBNER	3373 (-1237)	3374 (-1238)	
TORONTO	3393 (-1257)	3391 (-1255)	
LANSING GROUP	3410 (-1274)	3410 (-1274)	
BRK	3649 (-1513)	3649 (-1513)	
MADAMAM GROUP	3653 (-1517)	3682 (-1546)	
CONGO FLERATE	3714 (-1578)	3708 (-1572)	
SHALE BED	3728 (-1592)		
HR BACKLE	3743 (-1607)	3729 (-1593)	



**CONSOLIDATED**  
ON Well Services, LLC



TICKET NUMBER 33938

LOCATION On Hwy KS

FOREMAN Fozzy

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-26-12	6352	Parks 4-4	4	115	21W	Trego

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Pelican Hill Oil & Gas Mailing Address City State Zip Code	463	Josh G		
	439	Cody R		
	528	Wes F		

Risa  
Exit  
9 1/2 m  
with

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 3822 CASING SIZE & WEIGHT 5 1/2 15.5  
 CASING DEPTH 3821 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER DU @ 1601 23  
 SLURRY WEIGHT 14.7-18.5 SLURRY VOLL. \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20 29  
 DISPLACEMENT 90.4 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Integrity #7 Float equip Cent 3, 4, 5, 2, 8, 10  
 19, 54. Baskets - Bot #6, #15, #55 DU Tool top of #55 Cvc 2 3/4 has.  
 Pump 500gal mud flush, 20 BBL water, mix 175 sks OWC w/ 5% Kol-sal. Wash  
 pump and lines. Drop plus and displace 52 BBL water 39 BBL mud. Lift press  
 750\* land plus @ 1500\*. Drop DU Bomb with 10 min open tool @ 900\* Cvc 3 has  
 Pump 2 BBL water 500gal mud flush 2 BBL water mix 30 sks in RH. Mix  
 340 sks 60/40 pos 8% oil 1/4" slusal. Wash pump lines. Drop plus and displace  
 38 1/2 BBL water 500\* lift Cbbsc Tool @ 1500\* Cement did circulate  
 approx 20 BBL to pit. 370 sks total 60/40 5% oil 1/4" slusal

Thanks Fozzy crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2700 <sup>00</sup>	2700 <sup>00</sup>
5406	40	MILEAGE	5 <sup>00</sup>	200 <sup>00</sup>
5407A	24.14 tow	Tow mileage Delivery	1 <sup>02</sup>	1612 <sup>52</sup>
1126	175 sks	OWC	22 <sup>53</sup>	3946 <sup>25</sup>
1131	370 sks	60/40 pos	15 <sup>12</sup>	5587 <sup>00</sup>
1118B	2546	Benlonite	125	636 <sup>20</sup>
1116A	875*	Kol-sal	.56	490 <sup>00</sup>
1107	93*	Flo-sal	2 <sup>82</sup>	262 <sup>26</sup>
1144G	1000 gal	Mud Flush	1 <sup>00</sup>	1000 <sup>00</sup>
1142A	2 gal	KCL	3910	7830
4159	1	5 1/2 - ATFU Float shoe	413 <sup>00</sup>	413 <sup>00</sup>
4130	8	5 1/2 - Centralizers	58 <sup>00</sup>	464 <sup>00</sup>
4104	3	5 1/2 - Baskets	276 <sup>00</sup>	828 <sup>00</sup>
4314	40	5 1/2 - Recip scratchers	78 <sup>00</sup>	3120 <sup>00</sup>
4283	1	DU Tool w/ lockdown - 5 1/2	3850 <sup>00</sup>	3850 <sup>00</sup>
		subtotal		25087 <sup>76</sup>
		less 10%		22579 <sup>00</sup>
		SALES TAX		22668 <sup>99</sup>
		ESTIMATED TOTAL		1265 <sup>32</sup>
				23934.31

249642

Ravin 3737

AUTHORIZATION [Signature] TITLE [Signature] DATE \_\_\_\_\_

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.