

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1079776

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 East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	Lease Name:Well #:
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	
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 SV	/D
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
	_
Spud Date or Date Reached TD Completion Date or Recompletion Date 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 III Approved by: Date:				

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

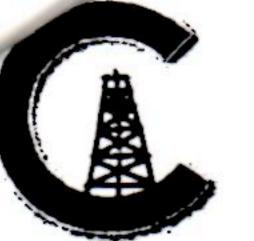
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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.

Vrill Stem Tests Taken (Attach Additional Sheets)	Yes No	Log Formatic	on (Top), Depth and [Datum	Sample
amples Sent to Geological Survey	Yes No	Name		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)	 Yes No Yes No Yes No 				
ist All E. Logs Run:					
	CASING RECORD	New Used			
	Report all strings set-conductor, s	surface, intermediate, product	tion, etc.		
Purpose of String Size Hole Drilled		ight Setting / Ft. Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy) ist All E. Logs Run:	CASING RECORD Report all strings set-conductor, s Size Casing We	ight Setting	Type of		

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 of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	λ .	Producing M	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS:		METHOD OF COMPLETION:			PRODUCTION INTERVAL:					
Vented Sold Used on Lease			Open Hole	Perf.	Dually (Submit)	, Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)							



Consolidated

Qil Well Services, LLC

34212 TICKET NUMBER LOCATION 077- Que FOREMAN

FIELD TICKET & TREATMENT REPORT

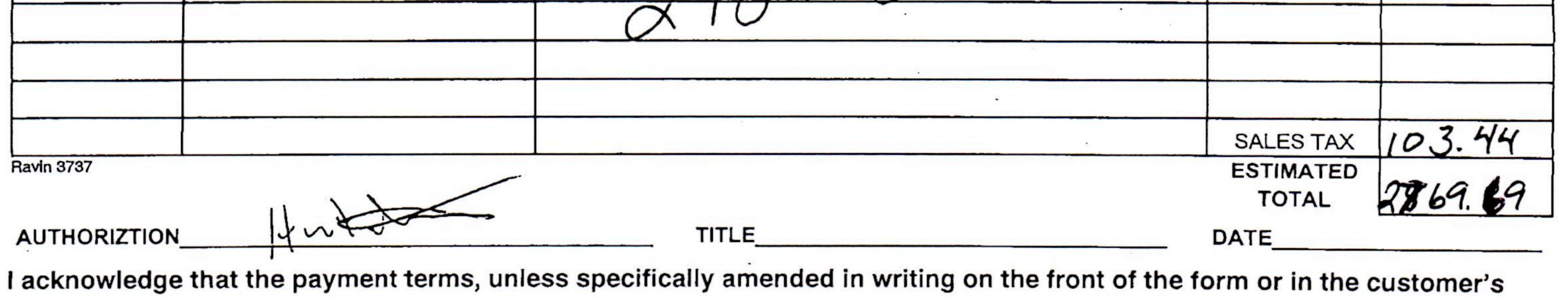
CEMENT

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

WELL NAME & NUMBER SECTION CUSTOMER # TOWNSHIP DATE RANGE COUNTY e eter CUSTOMER water TRUCK # DRIVER TRUCK # DRIVER MAILING ADDRESS Nee 6421 Avondale GM ann STATE ZIP CODE CITY Jerek M VIG anpre

5572 2.78 CASING SIZE & WEIGHT JOB TYPE ONe gtrine HOLE DEPTH HOLE SIZE DRILL PIPE TUBING CASING DEPTH_ OTHER CEMENT LEFT in CASING 1/05 WATER gal/sk_ SLURRY VOL SLURRY WEIGHT DISPLACEMENT PSI ROZ MIX PSI 20 RATE W DISPLACEMENT Meet. umped **REMARKS:** red 20# cem AURI reylates QP, PAMD. 1 mped ushpa Rinen value CH2:5 NPVS =vans ACCOUNT QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL CODE

5401	1	PUMP CHARGE	1030,00
5406		MILEAGE	
5402	784	easing footage	
5407	Vamin	ton miles	175.00
33020	11/2	80 jul	13500
124	H3 sk	50150 cement	1237.35
1118B	290#	gel	60.90
4402	•	21/20148	28.00
	•		
		2,102176	
		YX	



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

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