



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1078463
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1078463

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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/>

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

Sam Brownback, Governor

April 11, 2012

P. J. Buck
Kansas Energy Company, L.L.C.
BOX 68
SEDAN, KS 67361-0068

Re: ACO1
API 15-019-27121-00-00
BP KEC 6-3
SE/4 Sec.06-34S-12E
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!!

Cust No 253636	Job No	Purchase Order	Reference BP6-3	Terms NET 10TH	Clerk GC	Date 1/31/12	Time 8:03
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Sold To: JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361

Ship To:

DOC# 211026
 TERM#553
 DUPLICATE
 * INVOICE *

TAX : 001 KANSAS SALES TAX

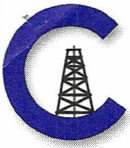
LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	8		EA	RM44816	PORTLAND CEMENT 92.6#		8	10.95 /EA	87.60 *

** AMOUNT CHARGED TO STORE ACCOUNT **	96.18	TAXABLE	87.60
		NON-TAXABLE	0.00
(MIKE JONES)		SUBTOTAL	87.60

TAX AMOUNT	8.58
TOTAL AMOUNT	96.18

xManual Signature

Received By _____



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

INVOICE

Invoice # 247654

Invoice Date: 02/09/2012 Terms: 15/15/30,n/30

Page 1

J. B. D. % P. J. BUCK
P.O. BOX 68
SEDAN KS 67361
(620)725-3636

BP KEC 6-3
35696
02/03/12
6-34S-12E
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	210.00	19.2000	4032.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2900	103.20
1110A	KOL SEAL (50# BAG)	1050.00	.4600	483.00
1118B	PREMIUM GEL / BENTONITE	150.00	.2100	31.50
1123	CITY WATER	5040.00	.0165	83.16
4129	CENTRALIZER 4 1/2"	2.00	42.0000	84.00
4254	TYPE B BASKET SHOE 4 1/2	1.00	1035.0000	1035.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-366.72
9999-240	CASH DISCOUNT	-884.53

Description	Hours	Unit Price	Total
486 MIN. BULK DELIVERY	1.00	350.00	350.00
492 CEMENT PUMP	1.00	1030.00	1030.00
492 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
492 CASING FOOTAGE	1985.60	.22	436.83
NUNNE WATER TRANSPORT (CEMENT)	4.00	112.00	448.00

Amount Due 8831.14 if paid after 03/10/2012

Parts:	5896.86	Freight:	.00	Tax:	416.03	AR	7506.47
Labor:	.00	Misc:	.00	Total:	7506.47		
Sublt:	-1251.25	Supplies:	.00	Change:	.00		

Signed

Date

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

#277654

TICKET NUMBER 35696

LOCATION Buile

FOREMAN Jason Bell

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-3-12	4271	BP KEC 603	6	34S	12E	CD
CUSTOMER JBD Excel Oil & Gas						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			492	Jake		
STATE			486	James B		
ZIP CODE			Munley			

JOB TYPE	L.S.	HOLE SIZE	6 3/4	HOLE DEPTH	2116	CASING SIZE & WEIGHT	4 1/2
CASING DEPTH	1985.60	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT	13.7	SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	
DISPLACEMENT	31.5	DISPLACEMENT PSI		MIX PSI		RATE	

REMARKS: Dropped ball pump jill casing saw pressure shut down 200psi bumped to 400 bumped to 600 then to 800 bumped again saw bond 900 shoe opened. Established circulation ran 210 secs class A thickset. 20 bbls of slurry. Shut down washed out pump and line. Dropped plug at 20 bbls gave circulation slowed down pumping 4.5 bbls getting 1.5 return. Slowed down return slowed down as well bumped plug plug held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1050.00
5406	45	MILEAGE		180.00
5407	1	bulk truck		550.00
5402	1985.60	footage		436.83
5501c	4 hrs	transpant		448.00
1126A	210 secs	Thickset	*	4032.00
1107 A	80 #	Phone	*	103.20
1110A	1050 #	Kolseal	*	483.00
1118b	150 #	Ael	*	31.50
1123	5040 gal	City Water	*	83.16
4129	2	4 1/2 Centralizers	*	84.00
4254	1	4 1/2 Type B	*	1035.00
4404	1	4 1/2 Plug	*	45.00
		15 reduction stipid in 30 days =		1324.67
		(7506.47)		
		8.3 %	SALES TAX	416.03
			ESTIMATED TOTAL	8831.13

Favin 3737

AUTHORIZATION John Carneth

TITLE _____

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.