

### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1080999

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
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	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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	ə:		_ Well #:	
Sec Twp	S. R	East West	County:				
ime tool open and clo	sed, flowing and shut s if gas to surface tes	d base of formations pe -in pressures, whether st, along with final chart well site report.	shut-in pressure	reached static leve	l, hydrostatic pres	sures, bottom h	ole temperature, fluid
Orill Stem Tests Taken (Attach Additional S		Yes No		Log Formati	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geole	ogical Survey	Yes No	N	lame		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy,	I Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		CASING Report all strings set	RECORD	New Used	ction, 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
		ADDITIONA	L CEMENTING /	SQUEEZE RECOR	D		
Purpose:  — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	1	Type and I	Percent Additives	
Shots Per Foot	PERFORATIO Specify F	ON RECORD - Bridge Plu ootage of Each Interval Pe	gs Set/Type erforated		acture, Shot, Cemen		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole		ually Comp.	ommingled ubmit ACO-4)	PRODUCTIO	ON INTERVAL:



Customer	1000 (	J:14	bas	Lease No.					Date				
Lease	Source		V ,	Well #	Well #					L	1-10	0-12	
Field Order #	F	1		Casing	Depti	<sup>h</sup> 3924	County	R	eno	S	tate HS		
Type Job	NW	Prat	25ta	R L.	).		Formation				1 / 100	Description 17	-22-8
PIPE	NG DATA	603	FLUID (	JSED		1	ΓRΕΑ	TMENT	T RESUME				
asing Size	Tubing Siz	ze Shots/	Ft	3505	Acid	Acin	Blood		RATE PRESS ISIP			ISIP	
epth	Depth	From		To 2505	Pre	Pad /40	) PUZ	Max	5		5 Min.		
olume 4.2	Volume	From		То	Pad			Min				10 Min.	
ax Press	Max Press	S From		То	Frac			Avg				15 Min.	
ell Connection	Annulus V	ol. From		То				HHP Use	ed			Annulus Pres	ssure
ug Depth	Packer De	epth From		То	Flus	sh		Gas Volu	ime			Total Load	
ustomer Repr	esentative	Kurt			n Mana	ager 5	ave Sc	450	Trea	iter <	refer	e Osland	1)
ervice Units	17283	27463	1982	16/1981	60	19831	1000	1					
river ames	Orlando	Mitchel	-	coran		Pier	100		¥.				1
Time	Casing Pressure	Tubing Pressure	Bbls.	Pumped		Rate				Serv	ice Log		
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							Run	131	THS	7"	23	# (55	
		1					(cnt	10/20	5	2-5	3-4	-76-78	-81
		V. Marie					Bask	1 cts.	-81	)			
							TON	1007	77	7	7 1	6061	
							Bren	K CI	10	417	Imas	60, mg ]	Ln.
							Casi	100	Bu	the	7 mo	Beage	· cw/K
	1250						Set	Pack	cert	No	e li	Trutic	JUK.
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2ND Stage Cement

## TREATMENT REPORT

Sustomer	141-	05	Lease N	Lease No.												
Field Order # Station  Type Job  Type Job					Well #	Well #					4-10-12					
						Casing Depth				County	Ror			State U		
					1.5-	L.S.							scription /	7-22-8		
PIPE DATA PERFORATI					TING DATA	NG DATA FLUID U			USED			TREATMENT RESUME				
Casing Size	Tubing Siz	ze .	Shots/Ft		4700	Acid	Acon	Blend RATE PRESS				ISIP				
Depth	Depth		From		То	Pre		131010	Max				5 Min.			
/olume	Volume		From		To 50	Pad	Acor	Bled	Min				10 Min.			
Max Press	Max Press	S	From		То	Frac		ImH.	Avg				15 Min.			
Well Connection	Annulus V	/ol.	From		То				HHP Used Gas Volume		7		Annulus Pr	ressure		
Plug Depth	Packer De	epth	From		То	Flus	h					Total Load				
Customer Repr	esentative	K	taus	= 1	Stati	on Mana	ager \	1 Sec	44	Treate	1 < 1	eve	120	ances		
Service Units	27283	2	7463	19	826198	60	19831/	21010								
Oriver Names	11/200	W	"tabel	N	Chia		Piers	20				. 7				
Time	Casing Pressure		ubing essure	Bbls	s. Pumped		Rate				Service L	_og				
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#### DRILL STEM TEST REPORT

Novy Oil & Gas

17-22S-8W Reno

PO Box 559 Goddard, KS 67052

Job Ticket: 47478

Diana 2

DST#: 1

ATTN: Dave Goldak

Test Start: 2012.04.06 @ 09:43:51

#### **GENERAL INFORMATION:**

Formation: Mississippi

Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Initial)

Time Tool Opened: 11:11:36
Time Test Ended: 17:48:51

Interval:

Tester: Leal Cason Unit No: 45

Reference Elevations:

3508.00 ft (KB) To 3560.00 ft (KB) (TVD)

1707.00 ft (KB)

Total Depth: 3560.00 ft (KB) (TVD)

1698.00 ft (CF) KB to GR/CF: 9.00 ft

Hole Diameter: 9.75 inches Hole Condition: Good

Serial #: 6798 Inside

Press@RunDepth: 60.49 psig @ 3510.00 ft (KB) Capacity: 8000.00 psig

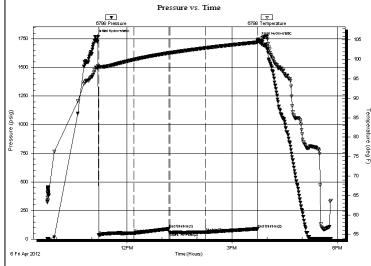
 Start Date:
 2012.04.06
 End Date:
 2012.04.06
 Last Calib.:
 2012.04.06

 Start Time:
 09:43:52
 End Time:
 17:48:51
 Time On Btm:
 2012.04.06 @ 11:05:36

 Time Off Btm:
 2012.04.06 @ 15:44:06

TEST COMMENT: IF: Weak Blow, 2 1/2 inches

ISI: No Blow Back FF: Weak Blow , 1 inch FSI: No Blow Back



	PRESSURE SUMMARY										
1	Time	Pressure	Temp	Annotation							
	(Min.)	(psig)	(deg F)								
	0	1769.41	97.57	Initial Hydro-static							
	6	32.67	98.02	Open To Flow (1)							
	66	50.92	99.93	Shut-In(1)							
Τρ	127	89.91	101.65	End Shut-In(1)							
emme	129	57.06	101.67	Open To Flow (2)							
reture	189	60.49	102.94	Shut-In(2)							
neh)	278	89.72	104.39	End Shut-In(2)							
פ	279	1744.54	104.81	Final Hydro-static							

#### Recovery

Length (ft)	Description	Volume (bbl)
65.00	SGCM 2%G 98%M	0.32

Gas Rates					
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)		

Trilobite Testing, Inc Ref. No: 47478 Printed: 2012.04.12 @ 16:39:15



# **DRILL STEM TEST REPORT**

**FLUID SUMMARY** 

deg API

ppm

Novy Oil & Gas

17-22S-8W Reno

PO Box 559

Diana 2

Goddard, KS 67052

Job Ticket: 47478

Serial #:

DST#: 1

ATTN: Dave Goldak

Test Start: 2012.04.06 @ 09:43:51

#### **Mud and Cushion Information**

Mud Type: Gel Chem Cushion Type: Oil API: Mud Weight: Cushion Length: 9.00 lb/gal Water Salinity: ft

> Cushion Volume: bbl

Viscosity: 52.00 sec/qt Water Loss: 9.99 in<sup>3</sup>

Gas Cushion Type:

ohm.m

Gas Cushion Pressure: psig

9000.00 ppm Salinity: Filter Cake: 0.20 inches

#### **Recovery Information**

Resistivity:

#### Recovery Table

Length ft	Description	Volume bbl
65.00	SGCM 2%G 98%M	0.320

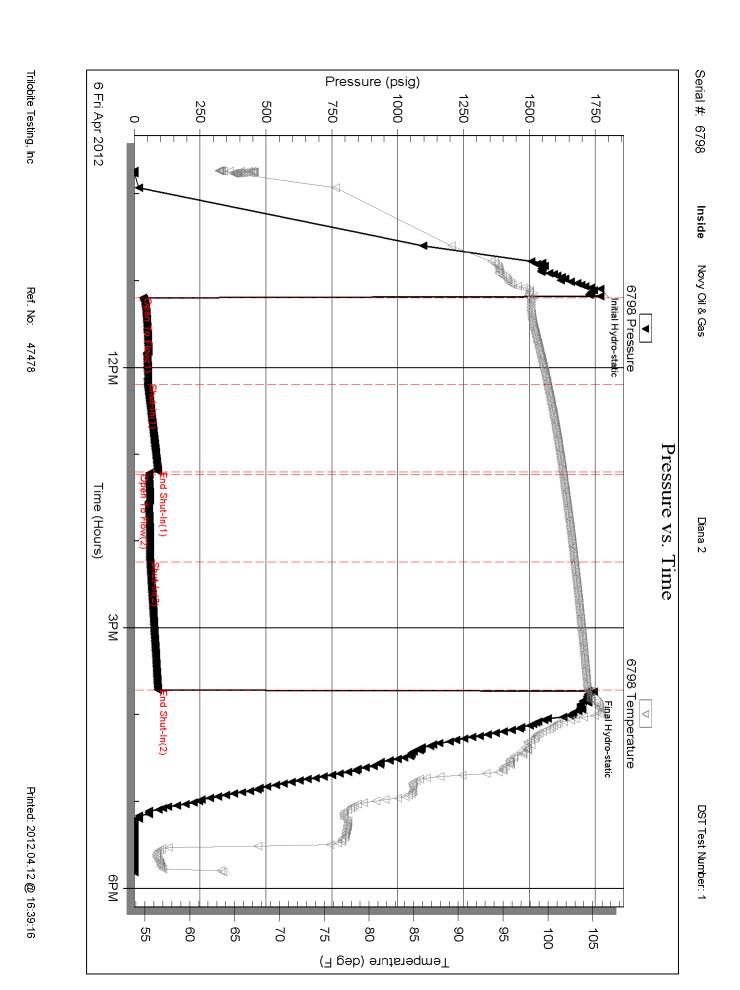
Total Length: Total Volume: 0.320 bbl 65.00 ft

Num Fluid Samples: 0 Num Gas Bombs: 0

Laboratory Name: Laboratory Location:

Recovery Comments:

Ref. No: 47478 Printed: 2012.04.12 @ 16:39:16 Trilobite Testing, Inc



ALLIED OIL & GAS SERVICES, LLC 054085

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31 SERVICE POINT: **RUSSELL, KANSAS 67665** Great Bend KS SEC 17 RANGE CALLED OUT ON LOCATION JOB START JOB FINISH 1000 PM COUNTY LEASE Piana LOCATION Sout STATE WELL# OLD OR NEW (Circle one) CONTRACTOR Landmar OWNER NOUY OIL + Gas TYPE OF JOB **HOLE SIZE** T.D. 26 CEMENT CASING SIZE 12% AMOUNT ORDERED 275 SX Class A 3% SC + DEPTH 255.40 **TUBING SIZE** DEPTH 2% Gel DRILL PIPE DEPTH TOOL DEPTH PRES. MAX **MINIMUM** A 275x@ 16,25 COMMON Claic MEAS. LINE SHOE JOINT POZMIX CEMENT LEFT IN CSG. GEL @ 21,25 106,25 PERFS. CHLORIDE /6 5X @ 58.20 582.00 DISPLACEMENT ASC @ EQUIPMENT @ @ **PUMP TRUCK** CEMENTER Jour Thinach / And Felie @ # 366 HELPER Shave @ **BULK TRUCK** @ #482/188 @ DRIVER John Plantz **BULK TRUCK** (a) @ DRIVER 290 HANDLING @ 2.25 X 290 X.11 MILEAGE 1,276.00 REMARKS: TOTAL 7, 085,50 circulting, 5166 Hoo cheed. pump 275,1x, pisp 37664 H20, SERVICE circ cement, closed DEPTH OF JOB 255, 40 PUMP TRUCK CHARGE 1125.00 **EXTRA FOOTAGE** MILEAGE 40 @ 280.00 MANIFOLD @ 40 @ 160.00 @ CHARGE TO: Now Oil & Gas TOTAL 15 (5, 00 STREET. ZIP PLUG & FLOAT EQUIPMENT @ To: Allied Oil & Gas Services, LLC. @ You are hereby requested to rent cementing equipment @ and furnish cementer and helper(s) to assist owner or @ contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or TOTAL \_ contractor. I have read and understand the "GENERAL SALES TAX (If Any) -TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES 8 650,50 IF PAID IN 30 DAYS

SIGNATURE