

Kansas Corporation Commission Oil & Gas Conservation Division

1081528

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 Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec TwpS. R
GSW Permit #:	County: Permit #:
GSW Permit #: Spud Date or Date Reached TD Completion Date or Recompletion Date	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 Approved by: Date:						



Side Two Operator Name: __ _ Lease Name: _ __ Well #: ___

Sec Twp	S. R.		East	West	Coun	ty:						
NSTRUCTIONS: Sho ime tool open and clos ecovery, and flow rate ine Logs surveyed. At	sed, flowing s if gas to s	and shut- urface test	in pressu , along v	res, whether sl vith final chart(s	hut-in pre	ssure read	ched static I	level, hydrostatic	pressures, bottom	n hole temp	erature, fluid	
Drill Stem Tests Taken					Log Formation (Top), Depth and Datum				☐ Sample			
(Attach Additional S	•					Nam	е		Тор	Ι	Datum	
Samples Sent to Geological Survey Yes No Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)												
List All E. Logs Run:												
			Repo	CASING ort all strings set-c			_					
Purpose of String	Size Dri			e Casing (In O.D.)		eight s. / Ft.	Setting Depth	, , , ,			Type and Percent Additives	
				ADDITIONAL	CEMENT	ING / SOL	IFEZE REC	ORD				
Purpose: Depth Type of Cement # — Perforate Top Bottom				ks Used								
Protect Casing Plug Back TD Plug Off Zone												
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated)	Acid		ement Squeeze Rec I of Material Used)	cord	Depth		
TUBING RECORD:	Size:		Set At:		Packer	At:	Liner Run:	Yes	No			
Date of First, Resumed I	Production, S	WD or ENH	R.	Producing Meth Flowing	nod:	ing	Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours		Oil Bl	ols.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio		Gravity	
DISPOSITIO	N OF GAS:			N	METHOD C	F COMPLE	TION:		PRODUC [*]	TION INTER	VAL:	
Vented Sold	Used	on Lease		Open Hole	Perf.		Comp.	Commingled (Submit ACO-4)				
(If vented, Sub	mit ACU-18.)			Other (Specify)								

Form	ACO1 - Well Completion
Operator	Craig, Ward dba Craig Oil Company
Well Name	H.J. Mai 3
Doc ID	1081528

Tops

Name	Тор	Datum
Anhydrite	918-52	+1000
Topeka lime	2816	-898
Heebner Shale	3046	-1128
Toronto Lime	3062	-1144
Douglas Shale	3078	-1160
LKC	3110	-1422
ВКС	3340	-1438
Arbuckle	3356	-1438

Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Home Office P.O. Box 32 Russell, KS 67665 No. 5351

Cell 785-324-10	041							sold, or furnished.		
29:21-	010 Sec.	Twp.	Range	dely reside	County	State	On Location	Finish		
Date	enzione perior	nechec 8	arit to noise	levelepad	0	20 100	100-57	110011		
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Type Job Long Surface					To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish					
Hole Size	2/4	T.D.	5/2	enns RBI	cementer and helper to assist owner or contractor to do work as listed. Charge					
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Tool	THUMUS B	Depth		CASTA DIE	City State motts one as mus eldenosas					
Cement Left in Csg	10-101	Shoe J	oint	state late	The above wa	s done to satisfaction	and supervision of owner	r agent or contractor.		
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QUALITY OILWELL CEIVIENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 4503

Cell 785-324-1041	is now to be an analysis from	rowsel	ear that Siev	970E-10884 II - 1	E STREET A TABLE TO BE	FEBRUARING TO BE		
Date 9/24/10 33	Twp. Range	R	County	State	On Location	7:15 A		
Lease H.J. Mos W	Lease H.J. Mai Well No. 3 Location 2 (Call 1) 3 (A) 1470							
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Type Job Land Ctrom	र अ ने हेर का से पहल हुएका		You are here	lwell Cementing, Inc. by requested to rent	cementing equipmen	t and furnish		
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