



KANSAS CORPORATION COMMISSION 1082511  
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: \_\_\_\_\_



1082511

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
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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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Noble Petroleum, Inc.
Well Name	Klaassen-Manns 1
Doc ID	1082511

Tops

Name	Top	Datum
Heebner	1600	-228
Douglas	1631	-259
Brown Lime	1785	-413
Lansing	1881	-509
BKC	2318	-946
Cherokee	2525	-1153
Mississippian	2577	-1205
Kinderhook	2716	-1344
Hunton	2826	-1454
RTD	2845	-1473

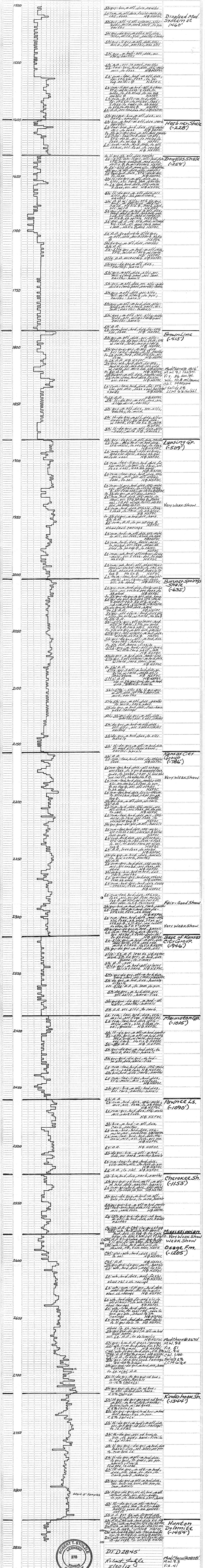


DRILLING TIME AND SAMPLE LOG

OPERATOR: **Noble Petroleum, Inc.**  
 FIELD: **Klanson-Mims**  
 WELL NO.: **1572**  
 ELEVATION: **1566'**  
 LOCATION: **27 T1P 24S R4E**  
 COUNTY: **Blaine**  
 STATE: **KS**  
 SECTION: **27**  
 TOWNSHIP: **24S**  
 RANGE: **4E**  
 CORNER: **CG-D-11-10-12**  
 OPERATOR: **CG-D-11-10-12**  
 DATE: **12/20/12**  
 DEPTH: **2845'**  
 LOG TYPE: **Chemical Polymer**  
 FORMATION: **None**  
 WELL LINE NUMBER: **None**  
 LOCATION MAP: **27 28**

**ABBREVIATIONS USED**

ROCK TYPES:	FAERIC:	MODIFIERS:
St - Sandstone	Fn - Fine grained	gd - Good
Ss - Shale	Vfg - Very fine grained	med - Moderate
Sl - Siltstone	Med - Medium	poor - Poor
Cl - Claystone	Gr - Grained	excellent - Excellent
Ch - Chert	Cr - Crystalline	very - Very
Chk - Chalk	In - Interstratified	traces - Traces
	Cr - Crystalline	vis - Visible
	Cr - Crystalline	op - Opercular
	Cr - Crystalline	int - Intergranular
	Cr - Crystalline	gd - Good
	Cr - Crystalline	ex - Excellent
	Cr - Crystalline	gas - Gas



DT.D 2845'  
 Robert Stolze  
 12/20/12  
 Mud Check @ 2828' M.W. 9.3  
 V.S. 41  
 W.L. 8.8  
 CH. 1.000  
 Solids 2%  
 LCM 4#





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34661  
LOCATION EURAKO  
FOREMAN Stewie Meard

PO Box 884, Chanute, KS 66720  
120-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT APT 15-015-23945**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-14-12	6631	Klaassen - Mann #1	27	245	4E	Butler

CUSTOMER  
Noble Petroleum Inc  
MAILING ADDRESS  
3101 N. Rock Rd Ste 125  
CITY  
Wichita STATE  
KS ZIP CODE  
67226

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Alan m		
479	Marks		

JOB TYPE Surface G HOLE SIZE 12 1/4 HOLE DEPTH 211 CASING SIZE & WEIGHT 8 5/8 23 1/2  
CASING DEPTH 211 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 14.8\* SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
DISPLACEMENT 12.15 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation with fresh water  
Mix 120 SKs Class A Cement w/ 3% CaCl2, 2% Gel & 1/4" Flo-Cole per SK At 14.8 lb/sk  
Displace with 12.15 bbls fresh water. Show casing. Good cement. Return to  
surface & bbl slurry to PIT Job complete Rig down

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54415	1	PUMP CHARGE	875.00	875.00
5406	40	MILEAGE	4.00	160.00
11045	120	Class A Cement	14.95	1794.00
1102	335*	3% CaCl2	.74	247.90
1118B	225*	2% Gel	.21	47.25
1107	30*	1/4" Flo-Cole per SK	2.35	70.50
5407		Ford mileage Bulk Truck	ML	350.00
			Sub Total	3494.65
			SALES TAX	141.46
			ESTIMATED TOTAL	3636.11

Ravin 3737

AUTHORIZATION [Signature] 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



