



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079998
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: _____

1079998

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> <input type="checkbox"/> Other <i>(Specify)</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

May 01, 2012

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

Re: ACO1
API 15-019-27148-00-00
Bales JBD 19-11
NW/4 Sec.19-34S-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	Job No	Purchase Order	Reference	Terms	Clerk	Date	Time
253636			11 BALES	NET 10TH	GC	4/10/12	10:48

Sold To:
 JONES & BUCK DEVELOPMENT
 P. O. BOX 68
 SEDAN KS 67361

Ship To:

DOC# 213540
 DUPLICATE
 + INVOICE +

TAX : 001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	4		EA	RM44816	PORTLAND CEMENT 92.6#		4	10.95 /EA	43.80 *

** AMOUNT CHARGED TO STORE ACCOUNT ** 48.09 TAXABLE 43.80
 (DAVID) NON-TAXABLE 0.00
 SUBTOTAL 43.80

TAX AMOUNT 4.29
 TOTAL AMOUNT 48.09

David J. Bennett
 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 # 249054

Invoice Date: 04/16/2012 Terms: 15/15/30,n/30 Page 1

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

JBD BALES 19-11
5000000168
04-12-2012
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	120.00	19.2000	2304.00
1107A	PHENOSEAL (M) 40# BAG)	40.00	1.2900	51.60
1110A	KOL SEAL (50# BAG)	600.00	.4600	276.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2100	42.00
1123	CITY WATER	5000.00	.0165	82.50
5501C	WATER TRANSPORT (CEMENT)	3.00	112.0000	336.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-50.40
9999-240	CASH DISCOUNT	-420.17
9999-240	CASH DISCOUNT	-271.29

Description	Hours	Unit Price	Total
398 CEMENT PUMP	1.00	1030.00	1030.00
398 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
398 CASING FOOTAGE	1180.00	.22	248.60
486 MIN. BULK DELIVERY	1.00	350.00	350.00

Amount Due 5178.20 if paid after 05/16/2012

Parts:	3137.10	Freight:	.00	Tax:	197.63	AR	4401.47
Labor:	.00	Misc:	.00	Total:	4401.47		
Sublt:	-741.86	Supplies:	.00	Change:	.00		

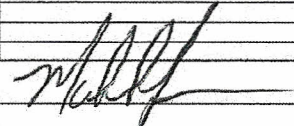
Signed _____ Date _____

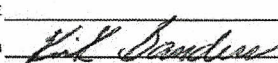
CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section		Excess (%)	30
Customer Acct #	4191	TWP		Density	13.8
Well No.	JBD Bales 19-11	RGE		Water Required	
Mailing Address		Formation		Yield	1.75
City & State		Hole Size	6 3/4	Slurry Weight	
Zip Code		Hole Depth		Slurry Volume	
Contact		Casing Size	4 1/2 INCH,	Displacement	17.9
Email		Casing Depth	1180	Displacement PSI	500
Cell		Drill Pipe		MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing		Rate	4.5bpm
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX) 398	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY) 398	45	PER MILE	\$4.00	\$ 180.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES) 486	1	PER LOAD	\$350.00	\$ 350.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE 398	1,130	PER FOOT	0.22	\$ 248.60
EQUIPMENT TOTAL					\$ 1,808.60
Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CLORIDE)	120	0	\$19.20	\$ 2,304.00
1107A	PHENOSEAL	40	0	\$1.29	\$ 51.60
1110A	KOL SEAL (50 # SK)	600	0	\$0.46	\$ 276.00
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.21	\$ 42.00
1123	CITY WATER (PER 1000 GAL)	5	0	\$16.50	\$ 82.50
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
CHEMICAL TOTAL					\$ 2,756.10
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	3		\$112.00	\$ 336.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ 336.00
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
Downhole Tools					
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 45.00

TRUCK#	DRIVER NAME
577	Kirk Sanders
398	John Wade
486	James Ness
415 T90	James Walker

249054	SUB TOTAL	\$ 4,945.70
	SALES TAX	\$ 338.90
	TOTAL	\$ 5,178.20
	(-DISCOUNT)	\$ 776.73
	DISCOUNTED TOTAL	\$ 4,401.47

AUTHORIZATION  DATE _____

TITLE _____ FOREMAN 

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.

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #		Section	0	Excess (%)	30
Well No.	0	TWP	0	Density	13.8
Mailing Address	JBD Bales 19-11	RGE	0	Water Required	0
City & State	0	Formation	0	Yeild	1.75
Zip Code	0	Hole Size	6 3/4	Slurry Weight	0
Contact	0	Hole Depth	0	Slurry Volume	0
Email	0	Casing Size	4 1/2INCH,	Displacement	17.9
Cell	0	Casing Depth	1180	Displacement PSI	500
Office	0	Drill Pipe	0	MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	4.5bpm
REMARKS					

Ran gel and LCM to establish circulation, ran 120sx of Thick Set Cement. Flushed pump and lines, dropped plug and displaced to set. Shut down and washed up.
Circulated cement to surface / Plug held.

Safety note
LJS JW
JW