



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1081724
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: _____

1081724

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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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Chain Ranch OWWO 1
Doc ID	1081724

Tops

Name	Top	Datum
ONAGA	2572	-1016
WABUNSEE	2622	-1066
LANGDON SAND	2652	-1096
TARKIO	2766	-1210
ELGIN SHALE	3392	-1836
HEEBNER	3516	-1960
SNYDERVILLE SAND	3530	-1974
DOUGLAS SAND	3625	-2069
LANSING	3717	-2161
STARK SHALE	4096	-2540
MISSISSIPPIAN	4303	-2747

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 17, 2012

Joscelyn Nittler
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO1
API 15-007-20680-00-01
Chain Ranch OWWO 1
NW/4 Sec.30-31S-11W
Barber 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,
Joscelyn Nittler



CEMENTING LOG

STAGE NO.

Date 3-8-2012 District ML Ticket No. 37943
 Company Ingen Oil Rig US1#5
 Lease Chain Ranch 1 Well No. Lownd
 County Barber State KS
 Location W.C. Medicine Lessor Field 30-31s-11w

CEMENT DATA:
 Spacer Type: 3 bbls water, 1500 lbs mix, 3 bbls water
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 15.5 Collar _____

LEAD: Pump Time 20 min hrs. Type 60' 40' 40' 60'
 Excess _____
 Amt. 50 Skys Yield 1.40 ft³/sk Density 14.1 PPG _____

Casing Depths: Top KB Bottom 4476'

TAIL: Pump Time _____ hrs. Type Class A SF 5H
1500 lbs + 2% F1160 + 2% GSS Blk + 2% GSS
 Excess _____
 Amt. 150 Skys Yield 1.57 ft³/sk Density 14.5 PPG _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 4500 ft. P.B. to _____ ft.

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. .0238 Lin. ft./Bbl. 42.01
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. .0505 Lin. ft./Bbl. 32.41
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Pump Trucks Used 471-302 - Goussin
 Bulk Equip. 351-250 - Brett

Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer Weatherford
 Shoe: Type Guide shoe Depth 4476'
 Float: Type AFU Insole Depth 4485'
 Centralizers: Quantity 5 Plugs Top 1 Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type 2% KCL water Amt. 106 1/2 Bbls. Weight 8.34 PPG _____
 Mud Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE Dalton Feiser

CEMENTER Darin Franklin

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						Pipe on bottom & back circulation
	300			3	6	Pump 3 bbls water
	300			500	6	Pump 500 gals ASF
	300			500	6	500 gals mix class
	300			500	6	500 lbs 4% KCL water
	300			3	6	3 bbls water
	100			12		Mix 50 lb per res & mix hole
	400			42		Mix 1500 lb of cement
						Shut down
						used pump & loss
						Raise plug
	200				6	Stop & stop pump
	500			75	6	L.P. pressure 5 = 75 bbls
	800			96	3	Slow rise to 3 hr 5 = 96 bbls
	1300			106 1/2	3	total disp = 106 1/2 bbls 800-1300 PSI
						Flush & hold

FINAL DISP. PRESS: 800 PSI BUMP PLUG TO 1300 PSI BLEEDBACK Hold BBLs. THANK YOU

