



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1081972  
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: \_\_\_\_\_

1081972

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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 21, 2012

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

Re: ACO1  
API 15-019-27123-00-00  
BP KEC 6-5  
SE/4 Sec.06-34S-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**

PAGE NO 1

**PHONE: (620) 725-3103**

THANKS FOR YOUR BUSINESS!!

Cust No	Job No	Purchase Order	Reference	Terms	Clerk	Date	Time
253636			BP <i>6-5</i>	NET 10TH	SC	4/24/12	9:54

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

**Ship To:**

DOC# 214074  
 TERM#552 --DUPLICATE--  
 \* INVOICE \*

TAX : 001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	8		EA	RM44816	PORTLAND CEMENT 92.6#		8	10.95 /EA	87.60 *

** AMOUNT CHARGED TO STORE ACCOUNT **	96.18	TAXABLE	87.60
		NON-TAXABLE	0.00
(JOHN CORNSTUBBLE )		SUBTOTAL	87.60
		TAX AMOUNT	8.58
		TOTAL AMOUNT	96.18

**xManual Signature**

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 # 249615

=====  
Invoice Date: 05/09/2012      Terms: 15/15/30,n/30      Page 1

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

BP  
KEC 6-5  
5000000190  
05/03/12  
6-34S-12E  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	120.00	19.2000	2304.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2900	103.20
1110A	KOL SEAL (50# BAG)	600.00	.4600	276.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2100	42.00
1123	CITY WATER	5400.00	.0165	89.10
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-321.13
9999-240	CASH DISCOUNT	-428.90

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	1113.00	.22	244.86
T-111 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00
538 MIN. BULK DELIVERY	1.00	350.00	350.00

Amount Due 5237.50 if paid after 06/08/2012

Parts:	2859.30	Freight:	.00	Tax:	201.74	AR	4451.87
Labor:	.00	Misc:	.00	Total:	4451.87		
Sublt:	-750.03	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

5/3/2012

#24965



5000000190

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	6	Excess (%)	30
Customer Acct #	4291	TWP	34S	Density	13.8
Well No.	KEC 6-5	RGE	12E	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	17.7
Email		Casing Depth	1113	Displacement PSI	300
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)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.00	\$ 180.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	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	1,113	PER FOOT	0.22	\$ 244.86
<b>EQUIPMENT TOTAL</b>					<b>\$ 1,804.86</b>

Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CLORIDE)	120	0	\$19.20	\$ 2,304.00
1107A	PHENOSEAL	80	0	\$1.29	\$ 103.20
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)	5,400	0	\$16.54	\$ 89,100
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>CHEMICAL TOTAL</b>					<b>\$ 2,814.52</b>

Water Transport					
5501C	WATER TRANSPORT (CEMENT)	3		\$112.00	\$ 336.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>TRANSPORT TOTAL</b>					<b>\$ 336.00</b>

Cement Floating Equipment (TAXABLE)					
0	Cement Basket		0	\$0.00	\$ -
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
0	Downhole Tools		0	\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 45.00</b>

DRIVER NAME	
577	Kirk Sanders
398	John Wade
538	Bryan Scullaw
403 T111	Rob Darnall

8.30%	SUB TOTAL	\$ 5,000.38
	SALES TAX	\$ 237.34
	TOTAL	\$ 5,237.72
15%	(-DISCOUNT)	\$ 785.66
	<b>DISCOUNTED TOTAL</b>	<b>\$ 4,452.06</b>

AUTHORIZATION \_\_\_\_\_  
 DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
 FOREMAN *Kirk Sanders*

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	6	Excess (%)	30
Well No.	0	TWP	34S	Density	13.8
Mailing Address	KEC 6-5	RGE	12E	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	17.7
Cell	0	Casing Depth	1113	Displacement PSI	300
Office	0	Drill Pipe	0	MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	4.5bpm
REMARKS					

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

*\* Sperry Mfg \**  
 L&S R&D  
 JW