



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082666
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: _____

1082666

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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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 # 249592

Invoice Date: 05/09/2012 Terms: 0/0/30,n/30

Page 1

MISCELLANEOUS ACCOUNTS
CENTRAL STATES ENERGY
P.O. BOX 454
STILWELL KS 66085
() -

CRISWELL #10
39711
34-16-25
05-04-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	57.00	10.9500	624.15
1118B	PREMIUM GEL / BENTONITE	196.00	.2100	41.16
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
368 CASING FOOTAGE	342.00	.00	.00
548 TON MILEAGE DELIVERY	87.07	1.34	116.67

*pd
CK# 2661
Thankyou
Suzanna
AR*

Parts:	693.31	Freight:	.00	Tax:	52.34	AR	2052.32
Labor:	.00	Misc:	.00	Total:	2052.32		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

9999



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39711

LOCATION 077909

FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-4-12		Criswell #10	NE 34	16	25	Mi.
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Central States Energy			516	Alan Mader	Safety	meat
MAILING ADDRESS			308	Ar McD	AM	
P.O. Box 454			370			
CITY	STATE	ZIP CODE	548	Mikhaq	MH	
Stilwell	KS	66085				

JOB TYPE long string HOLE SIZE 6 1/4 HOLE DEPTH 370 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 342 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pump 100# gel followed by 57 sk 5015D cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Osborn Drilling, Matt
Osborn Water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	1030.00	
5406	40	MILEAGE	368	162.00	
5402	342'	casing footage	368		
5407A	87.07	ton miles	548	116.67	
1184	57.	5015D cement.		624.15	
118B	196 #	gel		41.16	
4402	1	2 1/2 plug		28.00	
				SALES TAX	52.34
				ESTIMATED TOTAL	2052.32

completed

AUTHORIZATION ITaylor TITLE 249592 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 for

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 620-437-2661

Ticket Number 5210
 Location _____
 Foreman JLH #390

Acid
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/11/12		CRESWELL # 10		MIAMI
Customer		Mailing Address	City	State Zip
CENTRAL STATES				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 27/8	Total Depth 350	303/320	JP		
Casing Weight	Plug Depth	144/152	DEBBIE		
Tubing Size	Packer Depth	142/	JAMES		
Tubing Weight	Open Hole		JUSTIN		
Perfs 295-301 25					
Break PSI 1200	Max PSI 3000				
Treat PSI 250-400	ISIP 75				
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge		975 ⁰⁰	
300	158	Acid with inhibitor		585 ⁰⁰	
		Mud Acid			
1		NE-320		23 ⁹⁰	
1/2		FSW-4100		11 ⁴⁰	
		Iron Stay			
		Bachcide			
		Clay Stay			
6		KCL		157 ⁸⁰	
3		Biocide		114 ⁰⁰	
10		Gel		278 ⁰⁰	
1/2		Breaker		81 ²⁵	
50	7/8 1.3 sp	Ball Sealers		87 ⁵⁰	
1		Ball Gun		50 ⁰⁰	
25	303	Pump truck Mileage		81 ²⁵	
1	320	Acid Transport		160 ⁰⁰	
1	142/	Acid Spotter SAND BEZ		200 ⁰⁰	
25	390	Pickup Mileage		250 ⁰⁰	
		80 Vac			
2.5	144/152	Transport		262 ⁸⁰	
6		20/40 SAND		180 ⁰⁰	
12		12/20 SAND		384 ⁰⁰	
				Total	3621 ⁰⁰
				-5%	3,440 ⁵³

COPY

DD CK #
 2670

Remarks: TEST LOWE 3000

RIG UP. A PUMP 100L ACID BROKE 1200 PUMP TO BOTTOM AND SOAK 10 MIN.
 EST. RATE 5BPM PUMP 250 GAL 158 AND 40 BAUS PSI UP 3000 SURGE. EST. RATE
 10BPM @ 400 START 20/40 SAND 6 SILS PSI DOWN 300 START 12/20
 5 SILS PSI UP 375 AND DROP 10 BAUS PSI DOWN 275 12 SILS NO FLUSH
 150L ISIP 75 80 GBL TOTAL

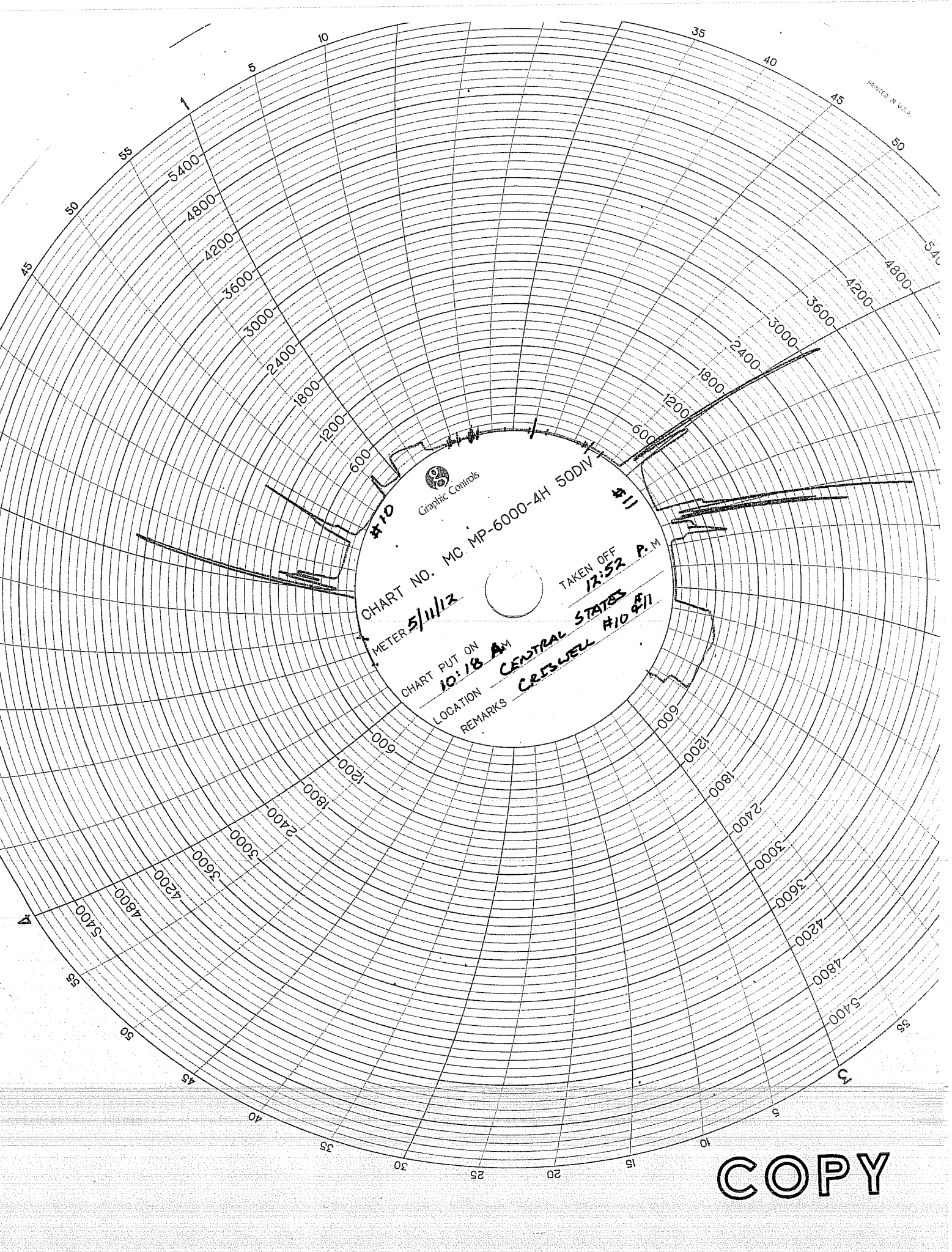


CHART NO. MC MP-6000-4H 50DIV

TAKEN OFF 12:52 P.M.

METER 5/11/12

CHART PUT ON 10:18 AM

LOCATION CENTRAL STATES

REMARKS CRESSWELL #10 & #11

COPY

CENTRAL STATES ENERGY LLC
9141 N 70TH ST
PARADISE VALLEY AZ 85253-1961

Bank of America
ACH R/T 122101706

2670
91-170/1221 AZ
8409

5/11/2012

PAY TO THE
ORDER OF Hurricane Services, Inc

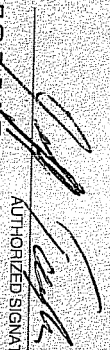
\$ **1,787.56

DOLLARS 

Eleven Thousand Seven Hundred Eighty-Seven and 56/100*****

Hurricane Services, Inc
P.O. Box 265
Madison, KS 66860
MEMO

⑈002670⑈ ⑆122101706⑆ 457013702219⑈


AUTHORIZED SIGNATURE

Security Features Included  Details on Back

COPY

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 29, 2012

Curstin Hamblin
Central States Energy LLC
PO BOX 454
STILLWELL, KS 66085

Re: ACO1
API 15-121-28917-00-00
CRISWELL 10
NE/4 Sec.34-16S-25E
Miami 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,
Curstin Hamblin

