



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1082672  
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: \_\_\_\_\_

1082672

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 29, 2012

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

Re: ACO1  
API 15-121-28918-00-00  
CRISWELL 11  
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



**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 # 249593

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

Page 1

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

CRISWELL #11  
39712  
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)	.00	4.00	.00
368 CASING FOOTAGE	372.00	.00	.00
548 TON MILEAGE DELIVERY	87.07	1.34	116.67

*Pd  
OK # 2661  
Thankyou  
Suzanna  
AK*

Parts:	693.31	Freight:	.00	Tax:	52.34	AR	1892.32
Labor:	.00	Misc:	.00	Total:	1892.32		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39712  
LOCATION Ottawa  
FOREMAN Alan Made

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 #11	NE 34	16	25	M:
CUSTOMER Central States Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 454			516	Ala Mad	Safety	Meet
CITY STATE ZIP CODE Stillwell KS 66085			368	Ala Mad	AKM	
			548	Mik Hqs	MK	

JOB TYPE long string HOLE SIZE 6 1/4 HOLE DEPTH 382 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 372 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 2.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 57 sk 50150 cement plus 200 gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Osborn Drilling, Matt,  
Osborn water.

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	368	1030.00
5706	—	MILEAGE	368	—
5702	372'	casing footage	368	—
5707A	8707	ton miles	548	116.67
1184	57	50150 cement		624.15
11123	196#	gel		41.16
4402	1	2 1/2 plug		28.00
SALES TAX				52.34
ESTIMATED TOTAL				18923.2

Ravin 3737

AUTHORIZATION [Signature] TITLE 249593 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.

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

Ticket Number 5211  
 Location \_\_\_\_\_  
 Foreman [Signature] #390

Acid  
 Service ticket

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

Well Data			Truck #	Driver	Truck #	Driver
Casing Size	2 7/8	Total Depth	303/320	SP		
Casing Weight		Plug Depth	144/152	DELBART		
Tubing Size		Packer Depth	142/	JAMES		
Tubing Weight		Open Hole		JUSTIN		
Perfs	318-328 41					
Break PSI	1200	Max PSI	3000			
Treat PSI	550-600	ISIP	300			
Quantity	Acid	Additives Used	Charge			
1	303	Pump Charge	875 <sup>00</sup>			
500	15%	Acid with inhibitor	975 <sup>00</sup>			
		Mud Acid				
1 1/2		NE-320	35 <sup>85</sup>			
1		FSW-4100	22 <sup>00</sup>			
		Iron Stay				
		Bachcide				
		Clay Stay				
6		KCL	157 <sup>00</sup>			
3		Biocide	114 <sup>00</sup>			
10		Gel	278 <sup>00</sup>			
1/2		Breaker	81 <sup>35</sup>			
75		Ball Sealers	131 <sup>25</sup>			
1		Ball Gun	50 <sup>00</sup>			
25	303	Pump truck Mileage	81 <sup>35</sup>			
1	320	Acid Transport	100 <sup>00</sup>			
1	142	Acid Spotter	200 <sup>00</sup>			
25	390	Pickup Mileage	50 <sup>00</sup>			
		80 Vac				
2.5	144/152	Transport	262 <sup>50</sup>			
10 SKS		20/40 SAND	300 <sup>00</sup>			
20 SKS		12/20 SAND	640 <sup>00</sup>			
			Total 4354 <sup>20</sup>			
			-5% 4136 <sup>97</sup>			

COPY

PP CLK  
 2670

Remarks: RIG UP. TEST LINE 3000. PUMP 160L 15% HLL TO BOTTOM PSI UP 1200. SOAL 10 MIN. PUMP 450 GAL 15% AND 60 BALLS PSI UP 3000 SURGE. EST RATE 10BPM @ 550 START SAND 20/40 10 SKS. PSI UP 650 START 12/20 5 SKS DRIP 2 BALLS, 7 SKS DRIP 3, 10 SKS DRIP 3, 15 SKS DRIP 3 18 SKS DRIP 3 PSI 600 19 SKS DRIP 3. 20 SKS IN FLUSH 15 GAL 130 TOTAL FLUID ISIP 300.

[Signature]  
 Customer Signature

