



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1082674  
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: \_\_\_\_\_

1082674

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 15-121-28948-00-00  
Criswell 21  
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 # 249594

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 21  
39713  
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	341.00	.00	.00
546 TON MILEAGE DELIVERY	87.07	1.34	116.67

*pd  
OK # 2661  
Thank you  
Suzanna  
AR*

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 \_\_\_\_\_





TICKET NUMBER 39713  
 LOCATION Ottawa  
 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 21	NE 34	16	25	MI
CUSTOMER Central States Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P. O. Box 454			516	Alan M	Safety	Meet
CITY STATE ZIP CODE Stilwell KS 66085			308	Art McD	AM	
			548	Mik Haa	MH	

JOB TYPE logstring HOLE SIZE 6 1/4 HOLE DEPTH 372 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 341 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 46pm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 57 sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD, well held 800 PSI. Set float. Closed valve.

Osborn Drilling, Matt

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406		MILEAGE	368	
5402	341	casing footage	368	
5407A	87.07	ton miles	546	116.67
1124	57 sk	50/50 cement		624.15
118B	196 #	gel		41.16
4402	1	2 1/2 plug		28.00
				<b>completed</b>
SALES TAX				52.34
ESTIMATED TOTAL				1892.32

Ravin 9737 AUTHORIZATION [Signature] TITLE 249594 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 5212  
 Location \_\_\_\_\_  
 Foreman J. Clark #390

Acid  
Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/11/12		CROSBELL # 21		MOORE
Customer		Mailing Address	City	State Zip
CENTRAL STATES				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 372	303/320	JP		
Casing Weight	Plug Depth	144/152	DERBERT		
Tubing Size	Packer Depth		JAMES		
Tubing Weight	Open Hole		JUSTIN		
Perfs 311.5 - 317.5	25				
Break PSI 1000	Max PSI 3000				
Treat PSI 750	ISIP 0				

Quantity	Acid	Additives Used	Charge
1	303	Pump Charge	400.00
300	15%	Acid with inhibitor	585.00
		Mud Acid	
1		NE-320	23.00
1/2		FSW-4100	11.00
		Iron Stay	
		Bachside	
		Clay Stay	
1		KCL	26.00
1/2		Biocide	19.00
		Gel	
		Breaker	
50	7/16 1.3	Ball Sealers	87.50
1		Ball Gun	50.00
25	303	Pump truck Mileage	81.35
1	320	Acid Transport	100.00
		Acid Spotter	
25	390	Pickup Mileage	50.00
		80 Vac	
2.5	144/152	Transport	262.50
			Total 1696.85

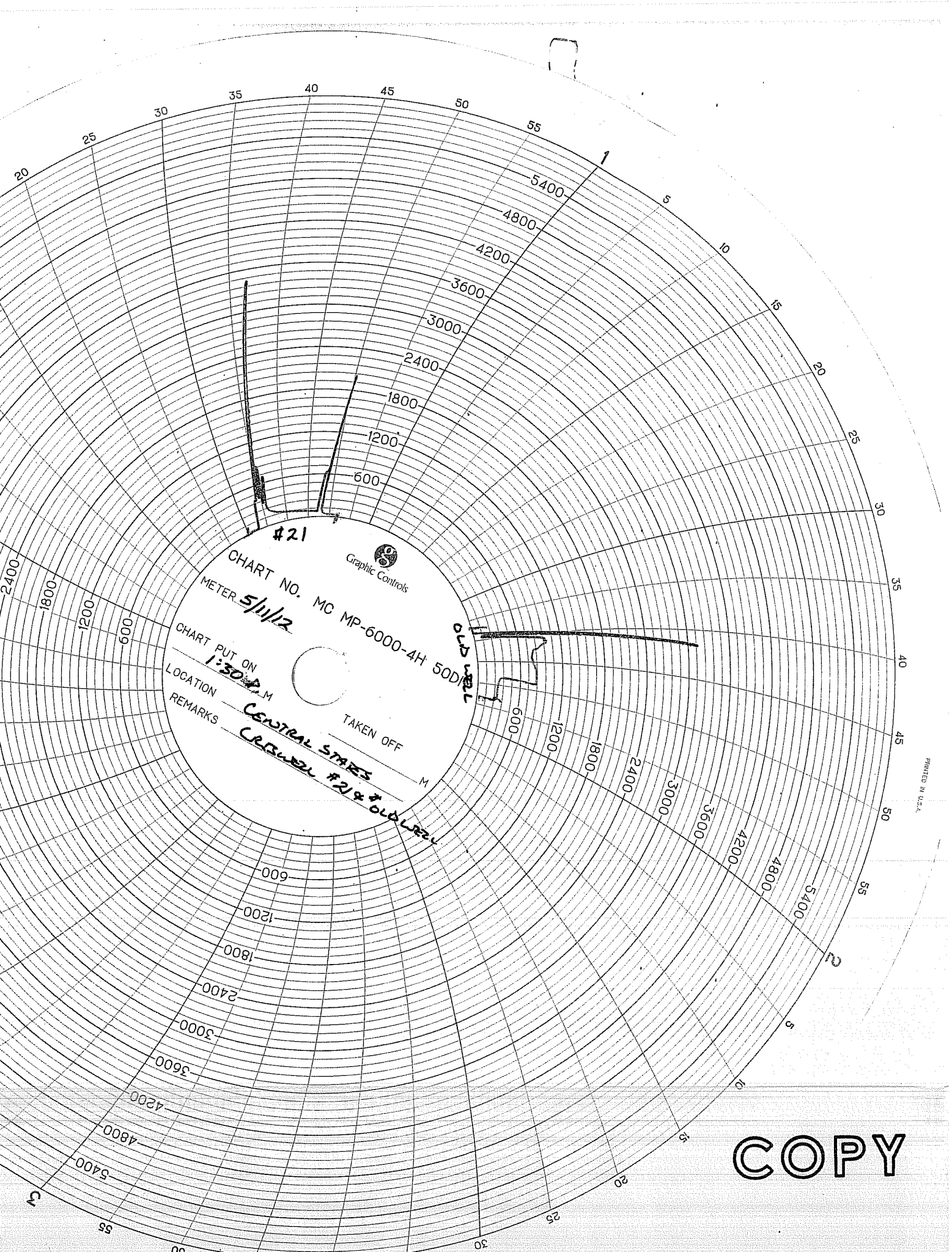
COPY

PA CK #  
2670

Remarks:

RIG UP. TEST LINE TO 3000. PUMP 100L 15% HCL. BREAK 1000 SOAK 10 MIN.  
 EST. RATE 5BPM PUMP 250 GAL 15% AJA 40 GAL PSI 750. (BALLS ON  
 PST UP 3000 SHUT DOWN). (BLEW HOLE IN TOP JOINT) RIG DOWN.





#21

Graphic Controls

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

METER 5/11/2

CHART PUT ON 1:30 P.M.

LOCATION

CENTRAL STATES

REMARKS

CRISWELL #21 & #0101224

TAKEN OFF

M

PRINTED IN U.S.A.

COPY

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

Ticket Number 5217  
 Location \_\_\_\_\_  
 Foreman J. J. #390

Acid  
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/16/12		CRISWELL #21		MEANE
Customer		Mailing Address	City	State Zip
CENTRAL STATES				KS

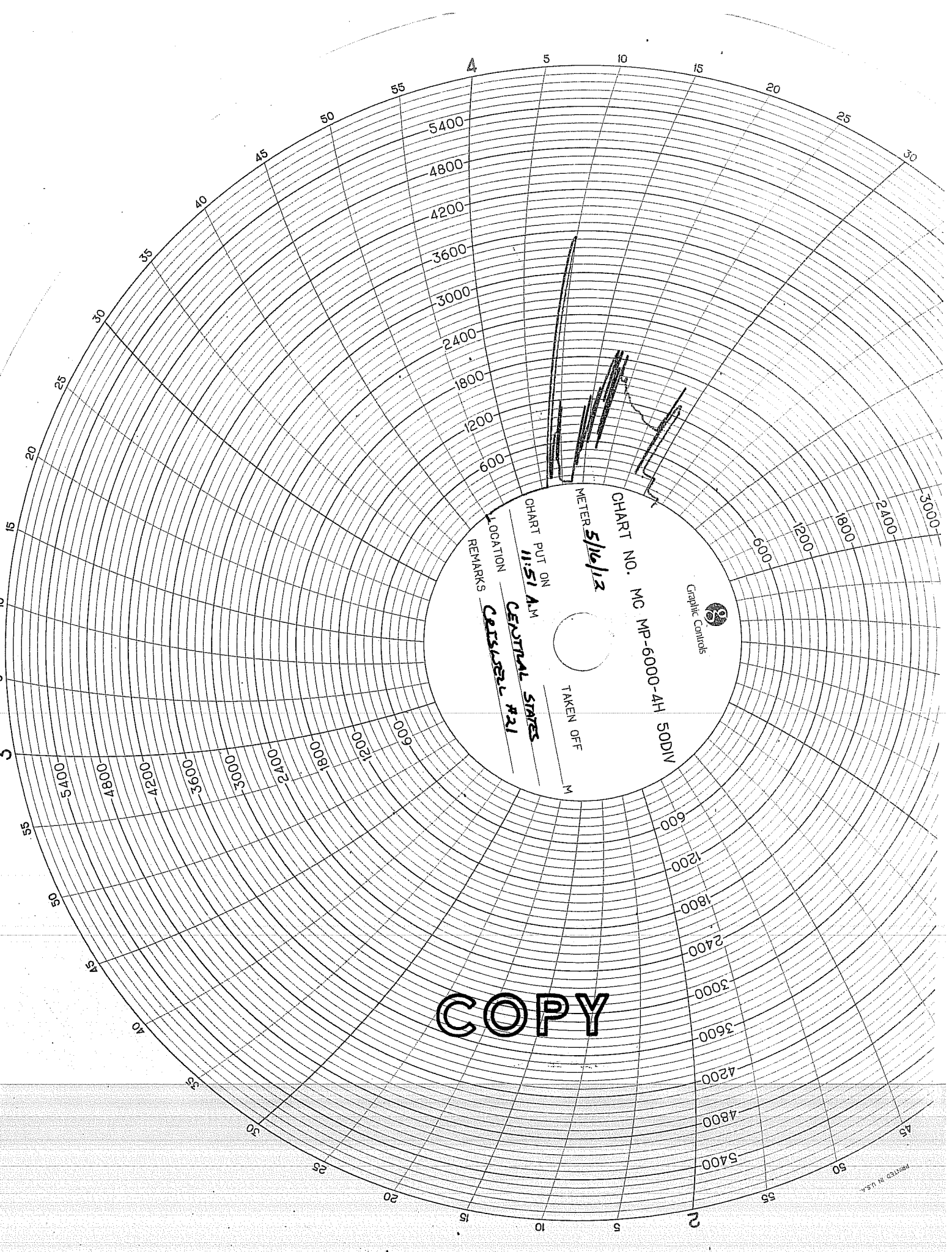
Well Data		Truck #	Driver	Truck #	Driver
Casing Size	2 7/8	Total Depth	303	JP	
Casing Weight		Plug Depth	142/152	CLAYTON	
Tubing Size		Packer Depth	141/	JAMES	
Tubing Weight		Open Hole			
Perfs					
Break PSI		Max PSI			
Treat PSI		ISIP			
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge	975 <sup>00</sup>		
		Acid with inhibitor			
		Mud Acid			
		NE-320			
		FSW-4100			
		Iron Stay			
		Bachside			
		Clay Stay			
2		KCL	52 <sup>60</sup>		
1		Biocide	38 <sup>50</sup>		
5		Gel	139 <sup>80</sup>		
1/2		Breaker	81 <sup>80</sup>		
15	7/8 1.35T	Ball Sealers	26 <sup>25</sup>		
1		Ball Gun	50 <sup>80</sup>		
60	303	Pump truck Mileage	195 <sup>50</sup>		
		Acid Transport			
1	141/	Acid Spotter SAND DEL	200 <sup>00</sup>		
60	390	Pickup Mileage	120 <sup>00</sup>		
		80 Vac			
4 1/2	142/152	Transport	472 <sup>50</sup>		
6 SKS		20/40 SAND	180 <sup>00</sup>		
12 SKS		12/20 SAND	384 <sup>00</sup>		
				Total	2913 <sup>35</sup>

Remarks: RIG UP. TEST LOG TO 3000. OPEN WELL AND EST RATE 10BPM @ 800 PSI START SAND PSI UP 1500 SHUT DOWN AND FLOW BACK. EST RATE 10BPM @ 1500 START 20/40 SAND SLOW. PSI DOWN 1200 6 SKS IN START 12/20 5 SKS IN DROP 2 BALLS PSI UP 1300 AND DOWN 900 PSI 8 SKS IN DROP 2 BALLS PSI UP 1200 10 SKS IN DROP 2 BALLS PSI UP 1800 SURGE AND FLOW 12 SKS IN FLOW 10 BBL ISIP 300 100 BBL TOTAL FLOW

COPY

Customer Signature





COPY

CHART NO. MC MP-6000-4H 50DIV  
METER 5/16/12  
CHART PUT ON 11:51 A.M.  
LOCATION CENTRAL STATES  
REMARKS CETSIBAL #21  
TAKEN OFF M



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

**Bank of America**  
ACH R/T 122101706

2677

91-1701221 AZ  
8409

5/16/2012

PAY TO THE  
ORDER OF Hurricane Services, Inc

\$ \*\*2,913.35

Two Thousand Nine Hundred Thirteen and 35/100\*\*\*\*\*

DOLLARS

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

MEMO



AUTHORIZED SIGNATURE

⑈002677⑈ ⑆22101706⑆ 457013703269⑈

MP

Details on Back

Security Features Included

COPY

