

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1083327

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	· · · · · · · · · · · · · · · · · · ·
Operator:	Drilling Fluid Monogoment Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec Twp S. R East _ West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional She	eets)	Yes N	0		og Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	jical Survey	 ☐ Yes ☐ Yes ☐ N ☐ Yes ☐ N ☐ Yes ☐ N 	0	Nam	e		Тор	Datum
List All E. Logs Run:								
				Ne Inte	w Used ermediate, producti	on etc		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weig Lbs. /	jht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo	N RECOF	RD - Bridge P Each Interval I	lugs Set/Typ Perforated	e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENHI	२.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITI	ON OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Solo	L k	Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC	D-18.)		Other (Specify)						

3/30/2012

10 X

CONSOL DATED # 24/872 CEMENT FIELD TICKET AND TREATMENT REPORT

5401 0 0 0 0 0 0 0	G&J Longstring Melander 12-06 BARTLESVILLE BARTLESVILLE CEMENT PUMP (2 HOUR MAX)	State, County Section TWP RGE Formation Hole Size Hole Depth Casing Size Casing Depth Drill Pipe Tubing	Montgomery , Kansas 13 34s 14e 5 5/8 2 7/8INCH, 663	Excess (%) Density Water Required Yeild Slumy Weight Slumy Volume Displacement	30 13.7 1.26	
Istomer Acct # II No. Iiling Address y & State 0 Code Intact Iiiing Address 0 Code Intact Iiiing Address 0 Code Cod	30 %/ Melander 12-06 BARTLESVILLE	TWP RGE Formation Hole Size Hole Depth Casing Size Casing Depth Drill Pipe Tubing	34s 14e 5 5/8 2 7/8INCH,	Density Water Required Yeild Sluny Weight Sluny Volume Displacement	13.7	
It No.	Melander 12-06 BARTLESVILLE	RGE Formation Hole Size Hole Depth Casing Size Casing Depth Drill Pipe Tubing	14e 5 5/8 2 7/8INCH,	Water Required Yeild Slurry Weight Slurry Volume Displacement		
iling Address / & State Code ttact ail patch Location de 5401 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BARTLESVILLE	Formation Hole Size Hole Depth Casing Size Casing Depth Drill Pipe Tubing	5 5/8 2 7/8INCH,	Yeild Slumy Weight Slumy Volume Displacement	1.26	
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spatch Location C 5401 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ement Pump Charges and Nileage			MIX PSI		
de C 5401 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ement Pump Charges and Nileage			Rate		
5401 0 0 0 0 0 0 0		Quantity	Unit	Price per Unit	1	
0 0 0 0 0	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$	1,030.00
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0 0 0 0				\$0.00	\$	-
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0			0	\$0.00	5	
0			0	\$0.00	\$	-
			0	\$0.00	\$	-
			0	\$0.00	\$	-
0	FORTAGE	663	PER FOOT	0.22	5	145.86
5402	FOOTAGE	003		EQUIPMENT TOTAL	Contraction of the local division of the loc	1,175.86
				EQUIPMENT TOTAL		1,170.00
Ic	Coment, Chemicals and Water					
1124	50/50 POZMIX CEMENT W/ NO ADDITIVES	110	0	\$10.95	\$	1,204.5
	PHENOSEAL	- 40	0	\$1.29	\$	51.6
1107A		500	0	\$0.46	\$	230.00
1110A	KOL SEAL (50 # SK)	200	0	\$0.37	\$	74.0
1111	GRANULATED SALT (50#) SELL BY #		0	\$0.21	\$	73.5
1118B	PREMIUM GEL/BENTONITE (50#)	350		\$0.00	\$	
0			0		\$	
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	Cement Floating Equipment (TAXABLE)		J	C	a series of	
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	Plugs and Ball Sealers	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State		1.	ED
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0			CEMENT FLOATING	EQUIPMENT TOTA	L S	56.
	DRACO NAME			SUB TOTA	L S	2,865.
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492	jake james b			TOTA	AL S	
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	the second s					
		5092-36				
AUTHORIZATION	And II. lun	T				

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	G&J	State, County	Montgomery , Kansas	Cement Type	CLASS A
Customer Acct #	Longstring	Section	13	Excess (%)	30
Well No.	0	TWP	34s	Density	13.7
Mailing Address	Melander 12-06	RGE	14e	Water Required	0
City & State	0	Formation	0	Yeild	1.26
Zip Code	0	Hole Size	5 5/8	Slurry Weight	0
Contact	0	Hole Depth	0	Slurry Volume	0
Email	0	Casing Size	2 7/8INCH,	Displacement	0
Cell	0	Casing Depth	663	Displacement PSI	0
Office	0	Drill Pipe	0	MIX PSI	0
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	6

Ran 2 sks of gel established curculation. Ran 100 sks of 50/50 poz mix with 2%gel 2#salt and 5# kolseal and pheno.

24 2

Shut down washed pump and lines clean. Dropped two plugs displaced to bottom plugs landed. Shut in with 200psi.

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Cement curculated to surface.

Had own water.