



KANSAS CORPORATION COMMISSION 1084271  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

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



1084271

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED CEMENTING CO., INC.

32419

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
med. lodge, ks.

DATE <u>6-9-07</u>	SEC. <u>9</u>	TWP. <u>33 S</u>	RANGE <u>10 W</u>	CALLED OUT <u>9:00 A.M.</u>	ON LOCATION <u>10:45 A.M.</u>	JOB START <u>12:30 P.M.</u>	JOB FINISH <u>1:30 P.M.</u>
LEASE <u>Combrink</u>	WELL # <u>1</u>	LOCATION <u>Hazelton &amp; Tri-City Jct.</u>			COUNTY <u>Barber</u>	STATE <u>Ks.</u>	
OLD OR <u>NEW</u> (Circle one)		<u>3 3/4 S-n/w Into</u>					

CONTRACTOR Hardt Drlg. #1  
 TYPE OF JOB Surface Csg.  
 HOLE SIZE 14 3/4 T.D. 245'  
 CASING SIZE 10 3/4 DEPTH 244'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 250 MINIMUM 100  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 15' By Request  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 22 1/2 Bbls Fresh water

OWNER Woolsey Petroleum  
 CEMENT  
 AMOUNT ORDERED 225 sx CLASS A  
3%cc + 2%Gel

EQUIPMENT  
 PUMP TRUCK CEMENTER Larry Dreiling  
 # 352 HELPER Clint Willard  
 BULK TRUCK  
 # 364 DRIVER Mike Becker  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON	<u>225 A</u>	@	<u>11.10</u>	<u>2497.50</u>
POZMIX		@		
GEL	<u>4</u>	@	<u>16.65</u>	<u>66.60</u>
CHLORIDE	<u>8</u>	@	<u>46.60</u>	<u>372.80</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>237</u>	@	<u>1.90</u>	<u>450.30</u>
MILEAGE	<u>15 x 237</u>	X	<u>.09</u>	<u>319.95</u>
TOTAL				<u>3707.15</u>

REMARKS:

Pipe on Bottom - Break Circ.  
Mix + Pump 225 sx CLASS A + 3%cc  
+ 2%Gel. Displace Cement w/22 1/2 Bbls  
Fresh water. Shut In.  
Cement Did Circ.

SERVICE

DEPTH OF JOB	<u>244'</u>		
PUMP TRUCK CHARGE			<u>815.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>15</u>	@	<u>6.00</u>
MANIFOLD		@	
		@	
		@	
TOTAL <u>905.00</u>			

CHARGE TO: Woolsey Petroleum  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	

ANY APPLICABLE TAX  
 WILL BE CHARGED  
 UPON INVOICING TOTAL \_\_\_\_\_

To Allied Cementing Co., Inc.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX \_\_\_\_\_  
 TOTAL CHARGE ~~905.00~~  
 DISCOUNT ~~0.00~~ IF PAID IN 30 DAYS

SIGNATURE x Scott C Adelhardt

x Scott C Adelhardt  
 PRINTED NAME

# ALLIED CEMENTING CO., INC.

31108

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

*Medin. Co. KS*

*Combrink*

DATE <i>6/20/07</i>	SEC. <i>09</i>	TWP. <i>33S</i>	RANGE <i>10 W</i>	CALLED OUT <i>6:00 p.m</i>	ON LOCATION <i>9:00 p.m</i>	JOB START <i>8:15 p.m</i>	JOB FINISH <i>9:15 p.m</i>
LEASE <del>6/20/07</del>	WELL # <i>1</i>	LOCATION <i>160+tricity Rd.</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one) <i>NEW</i>			<i>3 3/4 S. N/W into</i>				

CONTRACTOR *Hardt /*  
 TYPE OF JOB *Rpt. Plug*  
 HOLE SIZE *7 7/8* T.D.  
 CASING SIZE *10 3/4* DEPTH *244*  
 TUBING SIZE DEPTH  
 DRILL PIPE *4 1/2* DEPTH *600'*  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT *Fresh H2O*

OWNER *Woolsey Oper.*  
 CEMENT  
 AMOUNT ORDERED *1705x60:40:6*

EQUIPMENT  
 PUMP TRUCK CEMENTER *Mark Coker*  
 # *352* HELPER *Clint W.*  
 BULK TRUCK  
 # *389* DRIVER *Raymond R.*  
 BULK TRUCK  
 # DRIVER

COMMON	<i>102 A</i>	@	<i>11.10</i>	<i>1132.20</i>
POZMIX	<i>68</i>	@	<i>6.20</i>	<i>421.60</i>
GEL	<i>9</i>	@	<i>16.65</i>	<i>149.85</i>
CHLORIDE		@		
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>179</i>	@	<i>1.90</i>	<i>340.10</i>
MILEAGE	<i>15 x 179</i>	x	<i>0.09</i>	<i>250.00</i>
			<i>Min chgs</i>	
			TOTAL	<i>2293.75</i>

REMARKS:

*Spot Plug @ 600' w/ 505x 60:40:6 disp w/ Fresh H2O.*  
*Spot 2nd plug @ 270' w/ 805x 60:40:6 disp w/ Fresh.*  
*plug @ 600' w/ 253x 60:40:6*  
*plug Root Hde w/ 135x 60:40:6*

SERVICE

DEPTH OF JOB *600'*  
 PUMP TRUCK CHARGE *815.00*  
 EXTRA FOOTAGE @  
 MILEAGE *1.5* @ *6.00* *90.00*  
 MANIFOLD @  
 @  
 @

TOTAL *905.00*

CHARGE TO: *Woolsey Oper.*  
 STREET  
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

@  
 @  
 @  
 @

ANY APPLICABLE TAX  
 WILL BE CHARGED  
 UPON INVOICING TOTAL

TAX  
 TOTAL CHARGE ~~*5198.25*~~  
 DISCOUNT ~~*3198.25*~~ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE *Scott Adelhard* x *Scott C Adelhard*  
 PRINTED NAME

*Thank You!!*

RICELE MATHE	
CALCULOS DE RENDIMENTO	
Nome do Cliente: _____	Endereço: _____
Cidade: _____	Estado: _____
CPF: _____	RG: _____
Assinatura do Cliente: _____	Assinatura do Profissional: _____
Data: _____	Local: _____

