



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1085172

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: \_\_\_\_\_



1085172

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 <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  Cores Taken <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Electric Log Run <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Electric Log Submitted Electronically <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Log</span> <span>Formation (Top), Depth and Datum</span> <span><input type="checkbox"/> Sample</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name</span> <span>Top</span> <span>Datum</span> </div>
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CASING RECORD <span style="float: right;"><input type="checkbox"/> New <input type="checkbox"/> Used</span> 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: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
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> _____		
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Pickrell Drilling Company, Inc.
Well Name	Miller 'L' 1
Doc ID	1085172

#### Tops

Name	Top	Datum
T/Anhydrite	1837	+ 572
B/Anhydrite	1875	+ 534
Heebner	3650	(-1241)
Lansing	3687	(-1278)
Stark	3932	(-1523)
Pawnee	4126	(-1717)
Fort Scott	4193	(-1784)
Cherokee	4219	(-1810)
Mississippian	4296	(-1887)



**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

Pickrell Drilling Co. Inc

100 S Main STE 505  
Wichita KS. 67202

ATTN: Jerry Smith

**15-15s-26w Gove Co. KS**

**#1 Miller " L "**

Job Ticket: 45896

**DST#: 1**

Test Start: 2012.06.07 @ 17:52:05

### GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:11:00

Time Test Ended: 01:03:59

Test Type: Conventional Bottom Hole (Initial)

Tester: Will MacLean

Unit No: 40

**Interval: 4235.00 ft (KB) To 4307.00 ft (KB) (TVD)**

Total Depth: 4307.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2409.00 ft (KB)

2402.00 ft (CF)

KB to GR/CF: 7.00 ft

**Serial #: 8652 Inside**

Press @ Run Depth: 49.11 psig @ 4236.00 ft (KB)

Start Date: 2012.06.07

End Date:

2012.06.08

Start Time: 17:52:05

End Time:

01:03:59

Capacity: 8000.00 psig

Last Calib.: 2012.06.08

Time On Btm: 2012.06.07 @ 20:06:45

Time Off Btm: 2012.06.07 @ 23:13:59

TEST COMMENT: IF- Weak Surface Blow Built to 1"

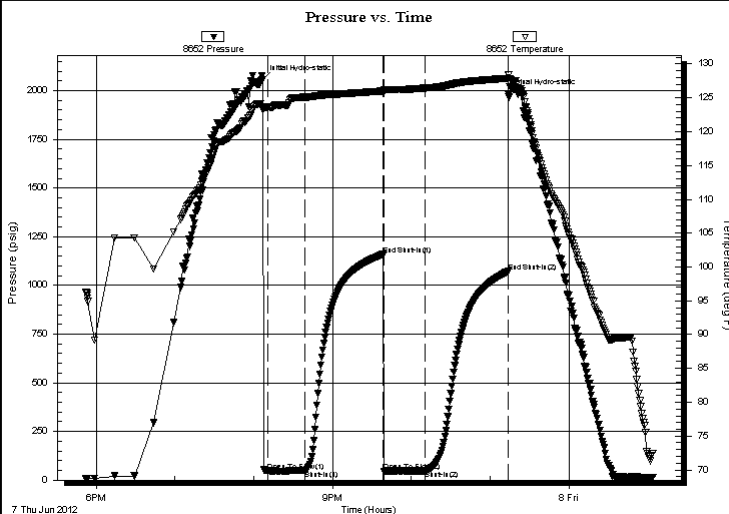
ISI- No Blow

FF- Weak Surface Blow

FSI- No Blow

### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2055.70	123.36	Initial Hydro-static
5	47.35	123.59	Open To Flow (1)
33	50.00	125.10	Shut-In(1)
92	1158.33	126.01	End Shut-In(1)
93	45.73	126.15	Open To Flow (2)
124	49.11	126.43	Shut-In(2)
187	1070.98	127.88	End Shut-In(2)
188	1986.28	128.37	Final Hydro-static



### Recovery

Length (ft)	Description	Volume (bbl)
28.00	GOCM 4%g 7%oil 89% m	0.39
2.00	GO 6%g 94%oil	0.03

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

Pickrell Drilling Co. Inc

100 S Main STE 505  
Wichita KS. 67202

ATTN: Jerry Smith

**15-15s-26w Gove Co. KS**

**#1 Miller " L "**

Job Ticket: 45896

**DST#: 1**

Test Start: 2012.06.07 @ 17:52:05

### GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:11:00

Time Test Ended: 01:03:59

Test Type: Conventional Bottom Hole (Initial)

Tester: Will MacLean

Unit No: 40

**Interval: 4235.00 ft (KB) To 4307.00 ft (KB) (TVD)**

Total Depth: 4307.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2409.00 ft (KB)

2402.00 ft (CF)

KB to GR/CF: 7.00 ft

**Serial #: 8322 Outside**

Press @ Run Depth: psig @ 4236.00 ft (KB)

Start Date: 2012.06.07

End Date:

2012.06.08

Start Time: 17:52:05

End Time:

01:04:14

Capacity: 8000.00 psig

Last Calib.: 2012.06.08

Time On Btm:

Time Off Btm:

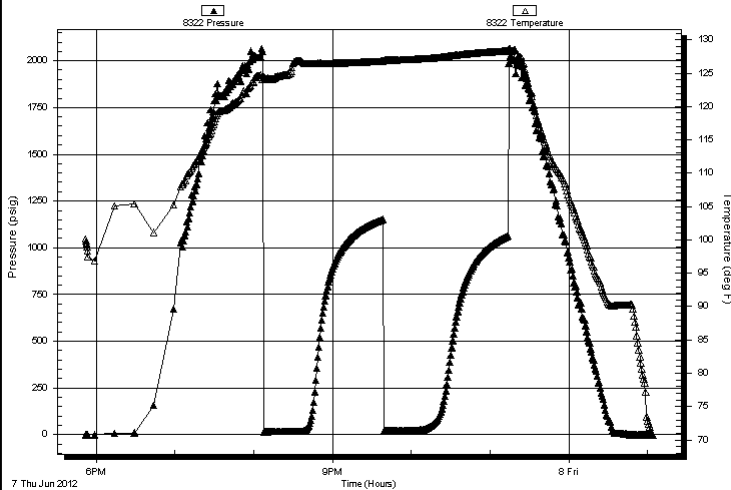
TEST COMMENT: IF- Weak Surface Blow Built to 1"

ISI- No Blow

FF- Weak Surface Blow

FSI- No Blow

Pressure vs. Time



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
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### Recovery

Length (ft)	Description	Volume (bbl)
28.00	GOCM 4%g 7%oil 89%m	0.39
2.00	GO 6%g 94%oil	0.03

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

### FLUID SUMMARY

Pickrell Drilling Co. Inc

**15-15s-26w Gove Co. KS**

100 S Main STE 505  
Wichita KS. 67202

**#1 Miller " L "**

Job Ticket: 45896

**DST#: 1**

ATTN: Jerry Smith

Test Start: 2012.06.07 @ 17:52:05

### Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 75.00 sec/qt

Water Loss: 13.16 in<sup>3</sup>

Resistivity: ohm.m

Salinity: 2100.00 ppm

Filter Cake: 2.00 inches

Cushion Type:

Cushion Length:

Cushion Volume:

Gas Cushion Type:

Gas Cushion Pressure:

ft

bbl

psig

Oil API:

Water Salinity:

deg API

ppm

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
28.00	GOCM 4%g 7%oil 89%m	0.393
2.00	GO 6%g 94%oil	0.028

Total Length: 30.00 ft      Total Volume: 0.421 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Not enough oil to get API

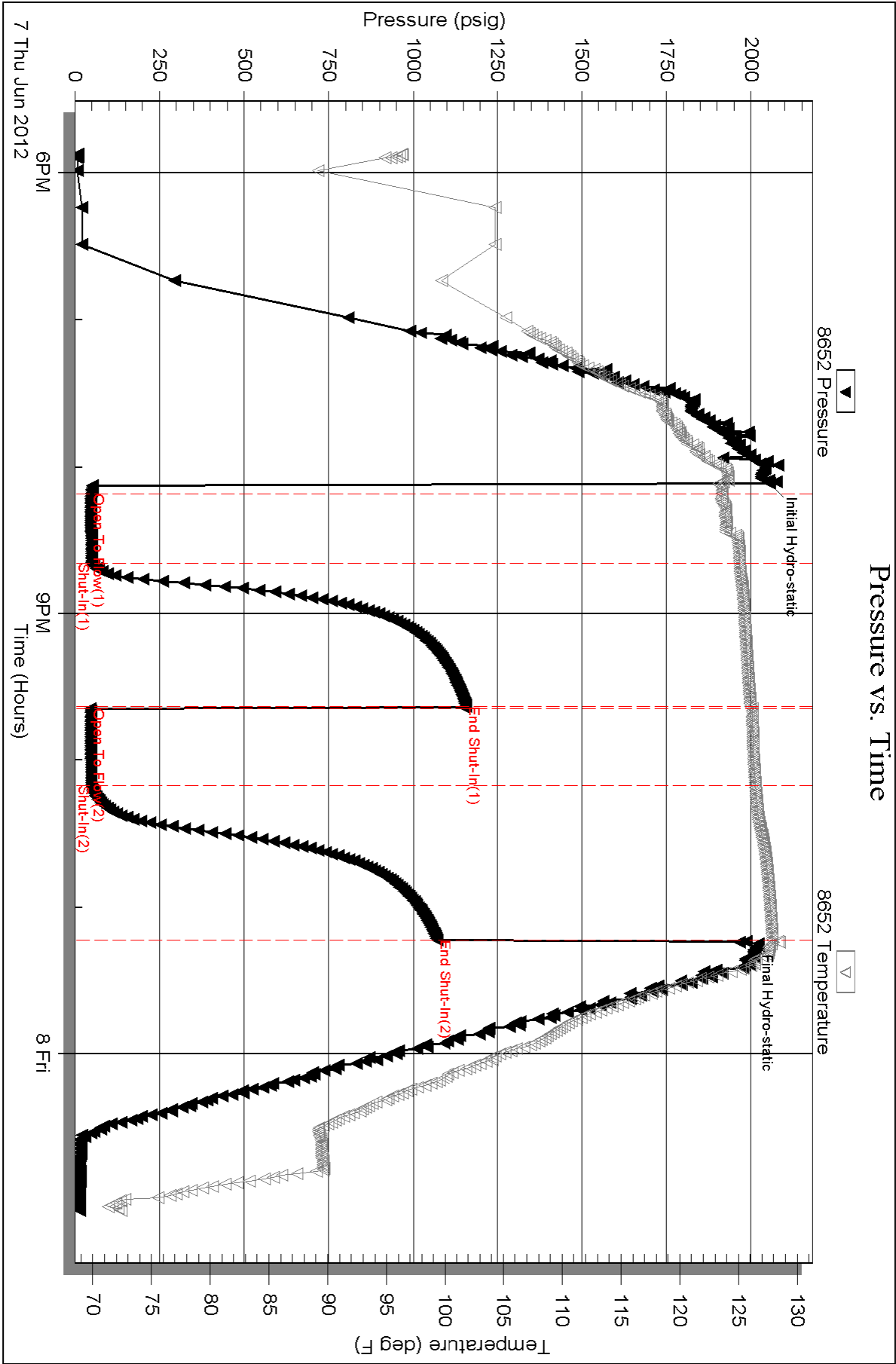
Serial #: 8652

Inside

Pickrell Drilling Co. Inc

#1 Miller " L "

DST Test Number: 1

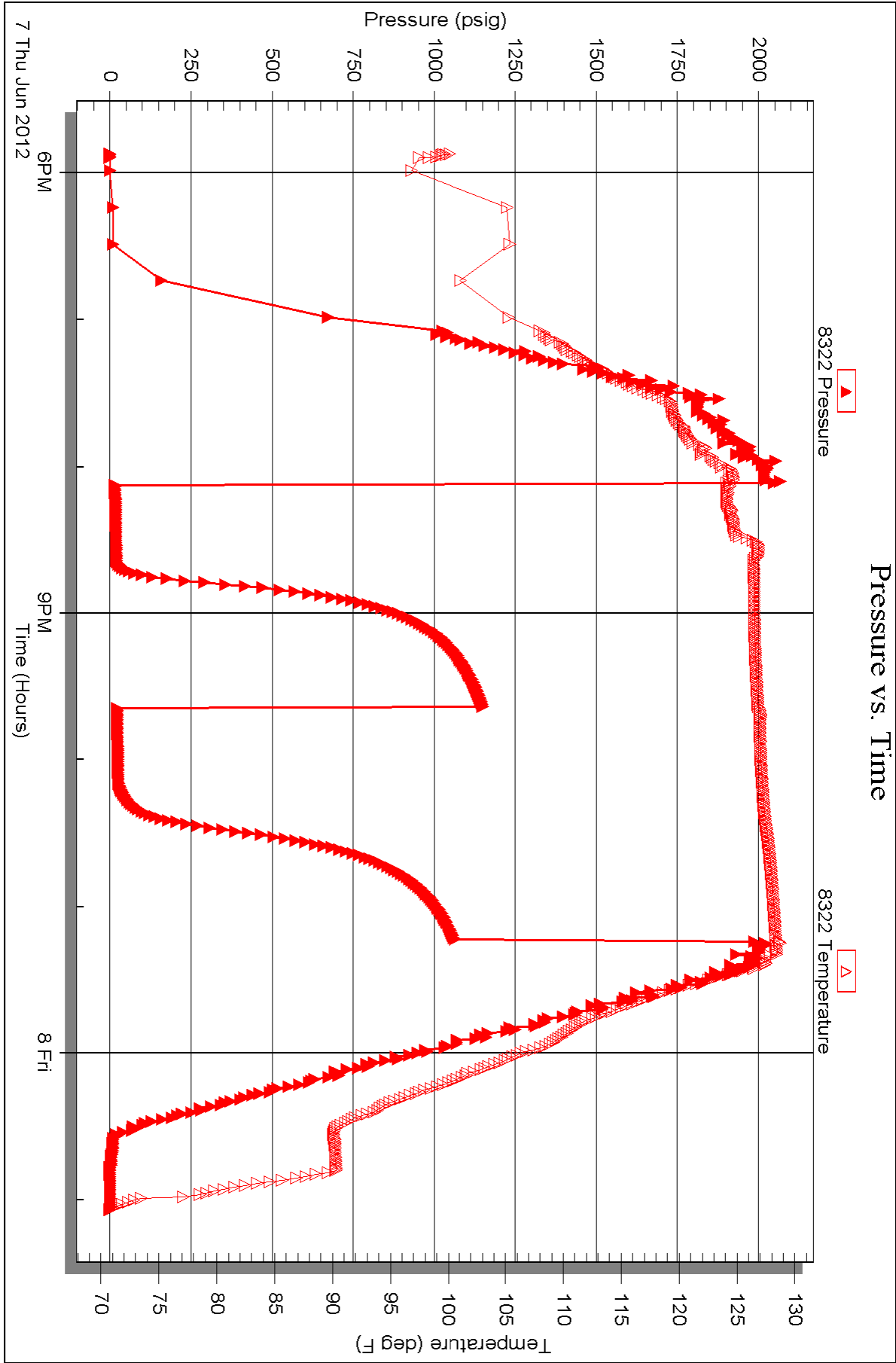


Serial #: 8322

Outside Pickett Drilling Co. Inc

#1 Miller "L"

DST Test Number: 1





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

TICKET NUMBER 33992  
LOCATION Oakley Ks  
FOREMAN Walt Dinkel

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-8-12	6342	Miller "L" #1	15	15 <sup>5</sup>	26 <sup>W</sup>	Gove
CUSTOMER McKrell Dr/s						
MAILING ADDRESS						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
			399	Damon Miller		
			460	Thomas Burns		

JOB TYPE	PTA -0	HOLE SIZE	HOLE DEPTH	4327'	CASING SIZE & WEIGHT
CASING DEPTH		DRILL PIPE	4 1/2 XH	TUBING	OTHER
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI	RATE	

REMARKS: Safety Meeting, Rig up on Pickrell #10, Plus 25 colored

25 SKS @ 1850'  
100 SKS @ 825'  
40 SKS @ 325'  
10 SKS @ 60' w Plus  
30 SKS in R.H.

Thank You  
Walt & Crew

[illegible]

Rayin 3737

## AUTHORIZTION

**TITLE**

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.**



TICKET NUMBER 33964  
LOCATION Chilay  
FOREMAN Fuzz

TICKET NUMBER 33964  
LOCATION Chilay  
FOREMAN Fuzz

TICKET NUMBER 33964  
LOCATION Chilay  
FOREMAN Fuzz

Thank you

Revin 3737	<i>Mike Ku</i>	TITLE	<i>TP 250225</i>	ESTIMATED TOTAL	5077.98
AUTHORIZTION				DATE	<i>5-11-72</i>

**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.**