

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1087320

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 III 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 No		.og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nan	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	YesNoYesNoYesNo					
List All E. Logs Run:							
				ew Used			
		Report all strings se	et-conductor, surface, inf	ermediate, product	ion, 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: 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 RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record	Depth			
TUBING RECORD:	Size	e:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Pro	ductio	on, SWD or ENHF	λ .	Producing M	lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	OSITION OF GAS: METHOD OF COMPLETION			TION:		PRODUCTION IN	TERVAL:			
Vented Sold		sed on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Submit	ACO-	18.)		Other (Specify)						

Kepley Well Service, LLC

19245 Ford Road Chanute, KS 66720

Invoice

V

6/8/2012

46887

Cement Treatment Report

N & W Enterprise Inc. 1111 S. Margrave Fort Scott, KS 66701 (x) Landed Plug on Bottom at 800 PSI
() Shut in Pressure
(x)Good Cement Returns
() Topped off well with ______ sacks
(x) Set Float Shoe

TYPE OF TREATMENT: Production Casing HOLE SIZE: 6 1/4" TOTAL DEPTH: 430

Well Name	Terms	Due Da	ite	
	Net 15 days	6/8/20	12	
Service of	or Product	Qty Pe	r Foot Pricing/Unit Pricing	Amount
Run and cement 2 7/8" Sales Tax		428	3.00 7.30%	1,284.00 0.00

6-6-12 Myer Injection line #2-Crawford County Section: Township: Range:

	Total	\$1,284.00
Hooked onto 2 7/8" casing. Established circulation with 5 barrels of water, GEL, METSO, COTTONSEED ahead, blended 65 sacks of 2% cement, dropped rubber plug, and pumped 2 barrels of water	Payments/Credits	\$0.00
	Balance Due	\$1,284.00