

### Kansas Corporation Commission Oil & Gas Conservation Division

### 1087322

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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:
☐ Oil         ☐ WSW         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ Cathodic         ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date  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 Twp	S. R	East West	Count	y:				
	osed, flowing and shu es if gas to surface te	t-in pressures, wheth st, along with final ch	er shut-in pres	ssure read	ched static level,	hydrostatic press	sures, bottom h	giving interval tested, sole temperature, fluid py of all Electric Wire-
Drill Stem Tests Taker		☐ Yes ☐ No	)		og Formation	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	logical Survey	Yes No	)	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy		Yes No	)					
List All E. Logs Run:								
			ING RECORD	☐ Ne	ew Used	on. etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	We	eight . / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	Dillied	oct (iii o.b.)	200	.,, , , ,	Ворит	Coment	Osca	Additives
		ADDITIO	NIAL OFMENT	INO / 001	IFF7F DECODE			
Purpose:	Depth				JEEZE RECORD	Time and I	Doroont Additives	
Perforate Top Bottom		Type of Cement	pe of Cement # Sacks Used			Type and i	Percent Additives	
Protect Casing Plug Back TD								
Plug Off Zone								
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set Specify Footage of Each Interval Perforate		Plugs Set/Type I Perforated	:	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			d Depth
TUBING RECORD:	Size:	Set At:	Packer /	At:	Liner Run:	Yes No	)	[
Date of First, Resumed	Production, SWD or EN	HR. Producing		ng 🗌	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio	Gravity
DISPOSITION	ON OF GAS:		METHOD O	F COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole	Perf.	Dually	Comp. Con	nmingled		
(If vented, Sui	bmit ACO-18.)	Other (Specif	y)	(Submit )	400-5) (Subi	mit ACO-4)		

## Kepley Well Service, LLC

19245 Ford Road Chanute, KS 66720 Date Invoice #
6/8/2012 46889

# **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 Date		
	Net 15 days	6/8/2012		

Service or Product	Qty Per Foot Pri	icing/Unit Pricing	Amount	
Run and cement 2 7/8"	428	3.00	1,284.00	
Sales Tax		7.30%	0.00	

6-6-12 Myer Injection #21 Crawford County Section: Township: Range:

Total \$1,284.00

Payments/Credits \$0.00

Balance Due \$1,284.00