

Kansas Corporation Commission Oil & Gas Conservation Division

1087443

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 ☐ SHOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
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 Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R
Spud Date or Date Reached TD Completion Date or 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	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d		Type and F	Percent Additives	
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						

6/19/2012

46916

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	6/19/2012	

Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	425	3.00	1,275.00	
Sales Tax		7.30%	0.00	

6-18-12 Walsh/Myer Prod. #21 Crawford County Section: 33 Township: 28 Range: 22

Total

Payments/Credits

\$1,275.00

lug,

\$0.00

Balance Due

\$1,275.00

Hooked onto 2 7/8" casing. Established circulation with 4 barrels of water, GEL, METSO, COTTONSEED ahead, blended 68 sacks of 2% cement, dropped rubber plug, and pumped 2 barrels of water