

Kansas Corporation Commission Oil & Gas Conservation Division

1088996

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

Name: Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R 🔲 East 🗌 West
Contact Person:	Address 2:	Feet from North / South Line of Section
NR	City:	Feet from _ East / _ West Line of Section
CONTRACTOR: License # County: Name: Wellsite Geologist: Purchaser: Posignate Type of Completion: New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG Gas D&A ENHR SIGW OG GSW Temp. Abd. If yes, show depth set: Feet If Workover/Re-entry: Old Well Info as follows: If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt. Depending Comp. Date: Original Total Depth: W////> Conv. to GSW Devatering method used: Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Lease Name: License #: Quarter Sec. Twp. S. R. East West County: Permit #: County: Permit #: Permit #: County: Permit #: County: Permit #: County: Permit #:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Lease Name:	Phone: ()	□NE □NW □SE □SW
Wellsite Geologist:	CONTRACTOR: License #	County:
Purchaser:	Name:	Lease Name: Well #:
Designate Type of Completion: New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. If Workover/Re-entry: Old Well Info as follows: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to GSW Plug Back: Plu	Wellsite Geologist:	Field Name:
New Well	Purchaser:	Producing Formation:
New Well	Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
Oil		, ,
Well Name:	Oil WSW SWD 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?
Well Name:Original Total Depth:	Operator:	
Original Comp. Date: Original Total Depth: bbls 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 #: GSW Permit #: Original Total Depth: bbls Chloride content: ppm Fluid volume: bbls Dewatering method used: Dewatering method used: Dependence:	Well Name:	
GSW Permit #: County: Permit #:	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 #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #:
	Spud Date or Date Reached TD Completion Date or	

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 N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Hole Size Casing		Weight Lbs. / Ft.		Setting Type of Depth Cement				and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Depth Top Bottom T — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		Type of Co	Type of Cement # Sacks		Used	Type and Percent Additives				
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Performance Processing Performance Performance Processing Performance Processing Performance Processing Performance Processing Performance Performanc				Set/Type Acid, Fracturerated (Amou			rre, Shot, Cement Squeeze Record unt and Kind of Material Used)		
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Oil Bbls. Gas Per 24 Hours			Mcf Water Bbls.			<u></u>		Gravity		
DISPOSITION OF GAS:			M	ETHOD OF COMPLETION:				PRODUCTION INTERVAL:		
Vented Sold	Used on Lease	Open	Hole Specify)	Perf.	Dually (nmingled mit ACO-4)			

E66126

count records, at our office, and conditions of service on the back of this form are in effect for services identified on this for ecknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

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padi	100	Day: W	st- 0-42	9	SW WILL	11	DISPLACEMEN
	3/ SNICKS	CEMENT LEFT in SATE	206	WATER 9	DISPLACEMENT SLURRY VOL		SLURRY WEIG
50	DATER 146	-: T131 LEET !-	7-/10	_ DNIBUT	ספורר פופב		CASING DEPTI
2/11		CASING SIZE & M		HOLE DE	HOLE SIZE		
	10	1767 1951	019	58097	5 31)17	17:1m
	738	الاه: رصم	OLE	ZIP CODE	∃TATS		ALIO ALIO
	MAV	CW LY	898	למרב	معدم ادر	11 m	0557
Most	172/68	HIG MOD	915				MAILING ADDR
DRIVER	твиск#	DRIVER	ТRUCK #		5,	Source	1:0
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LINOOO	70000				<u> </u>	- V	DATE CL CL
COUNTY	RANGE	PIHENWOT	SECTION	NAME & NUMBER		9-Y84-008 10	
		OKI		D TICKET & TRE	07100	Shanute, KS	O Box 884, C

FOREMAN AT GUN LOCATION CHAGAIG **TICKET NUMBER**

CONSOLIDATED