



KANSAS CORPORATION COMMISSION 1089126
OIL & GAS CONSERVATION DIVISION

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 Recompletion Date Date Reached TD Completion Date or 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: _____



1089126

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Jo-Allyn Oil Co., Inc.
Well Name	HOWELL 1-10
Doc ID	1089126

All Electric Logs Run

MICRORESISTIVITY LOG
ARRAY INDUCTION SHALLOW FOCUSSED ELECTRIC LOG
CEMENT BOND LOG
GUN GAMMA RAY LOG
CORRELATION GAMMA RAY LOG

ALLIED CEMENTING CO., LLC. 037981

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Mpls. Ind. Co.

DATE <u>12-10-11</u>	SEC. <u>10</u>	TWP. <u>34s</u>	RANGE <u>22w</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00 pm</u>	JOB FINISH <u>3:00 pm</u>
LEASE <u>Howell</u>		WELL # <u>1-10</u>		LOCATION <u>Sittler St to Rd 4, West to R 25</u>		COUNTY	STATE
OLD OR <u>NEW</u> (Circle one)				<u>South to Rd 2, 1/4 mi, Sittler Rd to S 23rd</u>			

CONTRACTOR Landmark Drilling

OWNER Jo Allen Oil

TYPE OF JOB <u>Service</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>759'</u>
CASING SIZE <u>8 7/8</u>	DEPTH <u>758'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>800 psi</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>40'</u>
CEMENT LEFT IN CSG. <u>40'</u>	
PERFS.	

CEMENT
AMOUNT ORDERED
250 sk 65:35:67:90 + 3/4" + 1/4" flo seal
100 sk A+3/4" + 2/1001

DISPLACEMENT ~~45 1/2 bbls~~ 45 1/2 bbls @ 2.0

COMMON <u>100</u> OK	@ <u>16.25</u>	<u>1625.00</u>
POZMIX	@	
GEL <u>5 sk</u>	@ <u>21.25</u>	<u>106.25</u>
CHLORIDE <u>17 sk</u>	@ <u>58.20</u>	<u>989.40</u>
ASC	@	
<u>D.L.W</u> <u>250 sk</u>	@ <u>15.50</u>	<u>3875.00</u>
<u>Flo seal</u> <u>62#</u>	@ <u>2.70</u>	<u>167.40</u>

EQUIPMENT

PUMP TRUCK # <u>471/302</u>	CEMENTER <u>and Thomas</u>
BULK TRUCK # <u>353/298</u>	HELPER <u>Ron Gilkey</u>
BULK TRUCK #	DRIVER <u>Eddie Piser</u>
BULK TRUCK #	DRIVER

HANDLING <u>388</u>	@ <u>2.25</u>	<u>873.00</u>
MILEAGE <u>388 / 65 / 1.11</u>		<u>2774.20</u>
TOTAL		<u>10,410.25</u>

REMARKS:

Bulk cement down with bag
pump 5 bbls to 100' down
mix 250 sk test cement
mix 100 sk test cement shut down release plug
0.80 45 1/2 bbls @ 2.00 shut in
Cement did after pump plug 400 psi @ 1600 psi

SERVICE

DEPTH OF JOB <u>758'</u>	
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE <u>458'</u>	@ <u>.95</u> <u>435.10</u>
MILEAGE <u>130</u>	@ <u>7.00</u> <u>910.00</u>
MANIFOLD <u>Lead Rental</u>	@ <u>200.00</u>
<u>light vehicle</u> <u>130</u>	@ <u>4.00</u> <u>520.00</u>

CHARGE TO: Jo Allen Oil
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 3190.00

8 7/8 PLUG & FLOAT EQUIPMENT

<u>1- Rubber plug</u>	@	<u>112.00</u>
<u>1- Sealant</u>	@	<u>478.00</u>
<u>1- Centralizer</u>	@	<u>64.00</u>
<u>1- Baffle plate</u>	@	<u>112.00</u>

TOTAL 766.00

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
TOTAL CHARGES 14,366.25
DISCOUNT 20% IF PAID IN 30 DAYS

PRINTED NAME _____
SIGNATURE [Signature]

N24 11,493.00

ALLIED CEMENTING CO., LLC. 037981

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Med. Wells

DATE <u>12-10-11</u>	SEC <u>10</u>	TWP <u>34s</u>	RANGE <u>22w</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00 pm</u>	JOB FINISH <u>3:00 pm</u>
LEASE <u>Home</u>	WELL# <u>1-10</u>	LOCATION <u>5 1/2 mi S to Rd W. West of Rd 25</u>		COUNTY	STATE	<u>KS</u>	
OLD OR NEW (Circle one)			<u>South of Rd 2, 1/4 mi. S to edge of town</u>				

CONTRACTOR Landmark Drilling

OWNER Jo Allen O.I

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 758'

CASING SIZE 6 1/2 DEPTH 758'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX. 600 psi MINIMUM

MEAS. LINE SHOE JOINT 42

CEMENT LEFT IN CSG. 42

PERFS.

DISPLACEMENT ~~45 1/2~~ 45 1/2 bbls @ 20

EQUIPMENT

PUMP TRUCK CEMENTER mt. T. rock

471/302 HELPER Ron Gilley

BULK TRUCK

303/29 DRIVER Edgar Per

BULK TRUCK

DRIVER

REMARKS:

Per calculated amount of plug
in pump. 5 bbls @ 20
mix 250 x 100 cement
mix 100 x 50 cement shut down. Release plug
it up 45 bbls @ 20 shut n
cement did clear. keep plug 400 psi @ 600 psi

CHARGE TO: Jo Allen O.I


STREET

CITY STATE ZIP

To Allied Cementing Co., LLC

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME

SIGNATURE 

CEMENT

AMOUNT ORDERED

250 sac 65+35:6/gal 13/16" + 1/2" float seal

100 sac A+3/16" 12/100'

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

@

@

@

@

@

@

@

@

HANDLING @

MILEAGE @

TOTAL

SERVICE

DEPTH OF JOB 758'

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

@

@

TOTAL

PLUG & FLOAT EQUIPMENT

1 Rubber plug @

1 resistor @

1 cementizer @

1 Baffle plate @

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS