

Kansas Corporation Commission Oil & Gas Conservation Division

1089479

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 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	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 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?
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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	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:
GSW Permit #:	County: Permit #:
Spud Date or 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 #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

RIG 6 DRILLING CO. INC

PO BOX # 227

R.K.'BUD' SIFERS 620 365 6294

IOLA, KS 66749

JOHN BARKER 620 365 7806

COMPANY: Vic Leis/Midway Oil ADDRESS: 205 N Castle

Paola, KS 66071

Tannahill

COUNTY: Woodson LOCATION: 250'FNL/1455'FWL

4-24-16e

COMMENCED: February 22, 2012 COMPLETED: February 28, 2012

WELL#:

SWD-3

API#: STATUS: 150207-27999

Disposal Fr. Arb. TOTAL DEPTH:1986'-7 7/8"

CASING:

40' 8 5/8 CSG

15sx

1767'-5 1/2" ConsolHurr.

DRILLER'S LOG

LEASE:

			663 LS
			825 Sh w/ Is strks
8 SOIL AND CLA	ΛY	851	LS w/ sh strks
11 SANDSTONE		860	LS
17 SHALE (SH)	*	918	Sh w/ Is strks
24 SANDSTONE		922	LS
199 SH		925	Co
205 LS		936	Ls
211 Sh blk		953	LS
259 Ls		955	Со
268 Sh		963	Sh blk
179 Sa Is		969	LS
284 LS		984	Sh w/ sa sh
335 SH		989	LS
411 SA Ls		991	Sh
sa Is (soft wh)		997	Co
475 LS 479 Sh blk		1001 1004	Sa sh LS
481 LS		1004	Sa(It show,fair odor)
483 Sh		1052	Sh w/ is strks
498 LS		1052	Sa (GO-GS)
537 SH		1108	Sh w/ is strks
573 LS w/ sh strks		1387	Sa Sh
584 Sh		1410	LS (Miss)
601 Ls		1414	LS break goododor
622 Sh w/ Is strks		1418	LS
		1421	LS Brk#2 It odor
		1726	Ls
		1750	Sh (kinder)
		1765	Sh (Chatt)
		1986	LS (LOC) T.D.
		1700	LO (LOC) T.D.



TICKET NUMBER 34201

LOCATION OHAWAKS

FOREMAN Fred Made

FIELD TICKET & TREATMENT REPORT

CEMENT

620-431-9210	or 800-467-8676	CEIVIE	IN I			
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/28/2	5353	Tannahill SWD. #3	NW 4	24	16	wo
CUSTOMER				1.57		
	Juay 01		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS d	F	506	FREMAD	Satety	My
P. O.	. Box 10	100	495	HARBEC	4015	1
CITY		STATE ZIP CODE	558	RYASIN	RS.	NO
Mian	Ni .	OK 74354	TIOS 1505	KEI DET	479 · 17	ER ROB.
JOB TYPE LO	ngstring	HOLE SIZE 7 7/8 HOLE DE		CASING SIZE & V	VEIGHT 5名	
CASING DEPTH	17690	DRILL PIPE Type 13. KOBING	BY @ FIRE	1764	OTHER	
SLURRY WEIGH	HT	SLURRY VOL WATER 9	al/sk	CEMENT LEFT in	CASING 2.5	z Plugs
DISPLACEMENT	T43 BBLS.	SLURRY VOL WATER 9 DISPLACEMENT (SI 36.4 MIX PSI	(-2)	RATE 5BP	m	
REMARKS:	Trase C	aller @ 1492' Rig	up to ca	sing Drop	brass k	all
40 Ee	+ type 13	Packer- (800. \$ PSI)	Mix+ Pun	10 60 SKa	Thicks.	ex
Comen		uno Seal/sk. Flush pur		/	. ,	
Pluc to	cashy 7	D Pressure to 1000	# PSI. Release	Pressure,	100 Has	Kup.
Righto	51/2 Casi	ng. Circulate dashy 2	hvs. Rx to	Casing. M	1xx Pung	2
210 s	KS 50/5	o for mix Coment 6%	al IR Ph	uno Soal	s/K, Flug	houmpt
lines	Mean, Dis	place 2nd Plug to Stage	my Collan.	Pressure +	D 1000 \$	PS6.
Releas	e fress v	re 4 Wash Sp.	7	* 7 * 3		
						The state ye

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
3401	1	PUMP CHARGE		, i*	103000
5406	60 m;	MILEAGE			24000
5402	1764	Casing footoge.			38808
5407	Minimum	Ton Miles	1479		35000
5407	560.7	Ton Miles	558		706:48
550/C	(0	Transport	505/T106	X	67200
Set Se					
17.3					
1126 A	60 5KS	Thicksex Cement			1/52
1124	210 S KS	50/50 for Mix Cement		d Sec	22995
11183	10584	Premiuse Cel			2221
1107A	270	Pheno Soul			3.483
	-				
				i se	
				2.4	
		1000			1.00
		0.00			
			7.3	SALES TAX	29361
ı,vin 3737	411/	^	\	ESTIMATED TOTAL	7702

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