

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1091030

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:		
		Feet from North / South Line of Section
City: St	ate: Zip:+	Feet from Cast / West Line of Section
	·	Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
		County:
		Lease Name: Well #:
		Field Name:
-		
		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	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used?
OG	GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:
Cathodic Other (Core	e, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Inf	fo as follows:	
Operator:		Drilling Fluid Management Plan
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date:	Original Total Depth:	
Deepening Re-perf.		Chloride content: ppm Fluid volume: bbls
	Conv. to GSW	Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	Operator Name:
Dual Completion	Permit #:	
SWD	Permit #:	Lease Name: License #:
ENHR	Permit #:	Quarter Sec TwpS. R East West
GSW	Permit #:	County: Permit #:
Spud Date or Date Rea Recompletion Date	ached 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 Approved by: Date:

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre> Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge F Each Interval		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHI	۶.	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	ər	Bbls.	Gas-Oil Ratio	Gravity
			I							
DISPOSITIC	ON OF C	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)					

	Main Office .0. Box 884 , KS 66720 0/467-8676 0/431-0012	1			Total 2835.00 450.00 80.00 111.30 77.00	Total 947.52 725.00 292.00	5759.45		Worland, Wy 307/347-4577
	Main OFFICE P.O. Box 884 Chanule, KS 66720 620/431-9210 • 1-800/467-8676 FAX 620/431-0012	Invoice #	н на	47005	unit Price 13.5000 .7500 2.1000 27.0000	Unit Price 1.20 725.00 3.65	5 5 0	Date	Тнауев, Ks 620/839-5269
	vices, LLC -4346		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RS 29-6 8 4-11	210.00 600.00 53.00 1.00	Hours 789.60 1.00 80.00	241.63 5759.45 .00		Оттаwa, Ks 785/242-4044
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	CONSOLIDATED Oil Well Services, LLC		01/13/2011 Te	M INC (20 ST. SUITE	Description CLASS "A" C CLASS "A" C CALCIUM CHL PREMIUM GEL FLO-SEAL (2 8 5/8" WOOD	SRY ACE) (ONE	Freig Freig Misc: Suppl	II	5 Еилеки, Ка 620/583-7664
-	CONSOI ou well se	l	Date: 01/	NE PETROLEUM 2 S. LEWIS ST 4 OK 74136 291-3200		Description TON MILEAGE DELIVI CEMENT PUMP (SURF) EQUIPMENT MILEAGE		11 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	к ЕLDorado, KS 316/322-7022
		INVOICE	Invoice Da	CYCLONE F 7030C S. TULSA OK (918)291-	======================================	Desc 515 TON 520 CEME 520 EQUI	Parts: Labor: Sublt:	signed	BARTLESVILLE, OK 918/338-0808

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 DATE CUSTOMER # WELL NAME & NUMBER DATE CUSTOMER # WELL NAME & NUMBER /	A CO MENNIA A CO A CO A CO A CO A CO A CO A CO A C	ENT REPORT SECTION TO ZP TRUCK# TRUCK# S20 C S25 A/ S25 A/ A/ S25 A/ A/ S25 A/ A/ S25 A/ A/ S25 A/ A/ S25 A/ A/ S25 A/ A/ S25 A/ A/ S25 A/ S25 A/ A/ S25 A/ A/ S25 A/ S25 A/ S25 A/ A/ S25 A/ S25 A/ S25 A/ A/ S25 A/ S25 A/ S26 A	WNNSHIP WNNSHIP 334 SRIVER SRIVER MAC SIZE & W G SIZE & W G SIZE & W G SIZE & W C SIZE & W		
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Main Office P.O. Box 884 e, KS 66720 00/467-8676 20/431-0012	23909			Total 964.75 58.00	Total 925.00 292.00 351.36	2660.65		Wohland, Wy 307/347-4577
Main OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 FAX 620/431-0012				Unit Price 11.3500 .2000	Unit Price 925.00 3.65 1.20	4 AR 5 0	Date	Тнауен, Кс 620/839-5269
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REMIT TO Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346				BENTONITE		Tax: Tax: Tota Chan	11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	WY OAKLEY, KS 1914 785/672-2227
			INC (2004) SUITE 541	Description 60/40 POZ MIX PREMIUM GEL / E	(ONE WAY) IRY	tt: ht: ies:	11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	Еинека, Кс Gn.LETTE, WY 620/583-7664 307/686-4914
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5	INVOICE	Invoice Date:	CYCLONE 7030C S TULSA 01 (918)29:	Part Number 1131 1118B	Description 445 P & A NEW W 445 EQUIPMENT M 479 TON MILEAGE	다 너 어 	signed	ынте, О к 94111е, О к

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PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676	nute, KS 66720 800-467-8676	FUR FIELD TICKET & TREATMENT REPORT CEMENT	L& TREATN CEMENT	MENT REP(EMAN	1 roy structure	, , , , , , , , , , , , , , , , , , ,
DATE (12 L	JER	SECTION	TOWNSHIP	RANGE	COUNTY
<u> -8-11</u>	2616	Peters 29-5	°				Cowley
Cyclone	me Artroleum	m Inc.	Setto Baraco	TRUCK #	TRUCK # DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	S. Lewis St.	54. 54 541		SH4	John Calin		
Tula	O K		 :				
JOB TYPE 4/5	<i>©</i> HOLE SIZE		HOLE DEPTH	3484'	CASING SIZE & WEIGHT	/EIGHT 🌩	
CASING DEPTH	DRILL PIPE	PIPE <u>ዛሄ</u> • አ vol	TUBING WATER gal/sk		CEMENT LEFT IN CASING	OTHER	
DISPLACEMENT	Mer	cement Psi Plugg i ng	Orders 2		RATE		
			0				
		2554	م بر	Rat Hole			
		01/8	10th in 1 State 10t-1	Mark Hulc			
ACCOUNT CODE	QUANITY or UNITS		DESCRIPTION of SERVICES or PRODUCT	ERVICES or PRC	DDUCT	UNIT PRICE	TOTAL
N SOPS	1	PUMP CHARGE	. Ш			925.00	925.00
Syde	80	MILEAGE				3.67	292.00
1131	RIGE	60/40	Az - Mix			11.35	964.75
1180	290#	Gel 42				.20	58.00
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					2.8.7	SALES TAX	11.122
Ravin 3737			339099	ppd		ESTIMATED TOTAL	2660.65
AUTHORIZTION			TITLE	the office of the	trant of the f	DATE DATE	ciictomer's

l 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.