

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1093309

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:		
Address 2:		Feet from North / South Line of Section
Citv: S	tate: Zip:+	Feet from East / West Line of Section
		Footages Calculated from Nearest Outside Section Corner:
,		County:
		Lease Name: Well #:
		Field Name:
0		
		Producing Formation:
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:
New Well	-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 (Con	e, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well In	fo as follows:	
Operator:		
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
		Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	
Dual Completion	Permit #:	Operator Name:
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 III 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 I	10		-	n (Top), Depth and		Sample
Samples Sent to Geolog	jical Survey	Yes I	10	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes I	10 10 10					
List All E. Logs Run:								
			SING RECOR					
		Report all string	s set-conductor	r, surface, inte	ermediate, producti	on, etc.		1
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Veight bs. / 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 P Each Interval F		e	,		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENH	۲.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITIO	ON OF (	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	VAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit A	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC	)-18.)		Other (Specify)					- <u></u>	

Form	ACO1 - Well Completion
Operator	ZU, LLC
Well Name	Nadine Jacques 1
Doc ID	1093309

All Electric Logs Run

BOREHOLE SONIC LOG
COMPUTER PROCESSED INTERPRETATION
Microresistivity Log
Dual Induction Log
Dual Compensated Porosity Log
Cement Bond Log

Form	ACO1 - Well Completion
Operator	ZU, LLC
Well Name	Nadine Jacques 1
Doc ID	1093309

Tops

Name	Тор	Datum
ANHYDRITE	1421	+661
BASE ANHYDRITE	1459	+623
ТОРЕКА	3112	-1030
HEEBNER SHALE	3349	-1267
TORONTO	3372	-1290
LANSING KANSAS CITY	3390	-1308
BASE KANSAS CITY	3640	-1558
ARBUCKLE	3738	-1656

PO Box 884	Chanute, KS 66720	Les		날려날 가 쇼 바이 고리 (한태) ::30		TICKET NU LOCATION FOREMAN	Oakle	7199 7 1(s
020-431-9210	or 800-467-8676	0 ""		T & TREA	TMENT REP	ORT		+ Drakel
DATE	CUSTOMER #	WE	LL NAME & NUM					
4-14-12	9715	nad	0		SECTION	TOWNSHIP	RANGE	COUNT
CUSTOMER	12 11 -	- Lack	the la	ques#1	12	135	200	Ellis
MAILING ADDR	RESS 1 LLC		LNC.	Ellis	TRUCK #	DDIVER		
				4EO4	the second s	DRIVER	TRUCK #	DRIVE
CITY	IST	TATE	710 0000		530-7129	Jerry	Yates	
			ZIP CODE	Herry 40	0.00	Jorda	n boarde	a
	actealla a un		00.	3/4N 64	1			
ASING DEPTH	50001		77/8	HOLE DEPTH	38301	CASING SIZE 8	WEICHT	F'L L
LURRY WEIGH	10	URRY VOL		TUBING		one one o	OTHER DC	256-10
SPLACEMEN		SPLACEMEN		WATER gal/sk		CEMENT LEFT		1516
EMARKS:		eture (	r psi	MIX PSI		RATE 41	BPM 240	#
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400	Shut To	1 dels	SKS 64	lapon 8	blot 44#	Flasa	Disala	CH 2
	100	al tes	1 70 100	OF Hold	Yan 5	Tto. min	aspiece	SaB
				136.1			and Out	Clean
				1		1/ 1		
ACCOUNT				1	744	Ihant	c. You	
ACCOUNT CODE	QUANITY or UN	NITS	DES	CRIPTION of SE		Ihan la Les +	c. You Cre.J	
CODE			DES PUMP CHARGE	CRIPTION of SE		Jhan Jest Uct	UNIT PRICE	TOTAL
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CODE 401 406	3.5	P			RVICES or PROD	Iles of Duct	UNIT PRICE	TOTAL
CODE 401 406 31 18B	1 35 225 5 1552 7	P M Ks	UMP CHARGE		RVICES or PROD	Iles +	UNIT PRICE	TOTAL
CODE 401 406 31 18 B	1 3.5 225 st 1552 <del>3</del> 56 7	P	UMP CHARGE	27	WICES or PROD	Ihan les + UCT	UNIT PRICE 1,325 <sup>99</sup> 5 <u>9</u> 1,5 <u>7</u> 1,5 <u>7</u> 1,25 <sup>-</sup>	TOTAL
CODE 401 406 31 18B	1 35 225 5 1552 7	P M Ks	UMP CHARGE	2-7		Iles of UCT	UNIT PRICE 1,325 ** 5 ** 1,5 ** 1,5 ** 1,25 ** 2,82	TOTAL
CODE 401 406 31 18B	1 3.5 225 st 1552 <del>3</del> 56 7	P M Ks	UMP CHARGE	27		Ilacul Ilacul UCT	UNIT PRICE 1,325 <sup>99</sup> 5 <u>9</u> 1,5 <u>7</u> 1,5 <u>7</u> 1,25 <sup>-</sup>	TOTAL
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CODE 401 406 31 188 07 407A	1 3.5 225 st 1552 <del>3</del> 56 7	P M Ks	UMP CHARGE	2-7	livery	Ihan Iles of UCT	UNIT PRICE 1,325 ** 5 ** 1,5 ** 1,5 ** 1,25 ** 2,82	TOTAL
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CODE 406 31 188 07 407 A	1 3.5 225 st 1552 <del>3</del> 56 7	P M Ks	UMP CHARGE	2, [ eq. De 2.55 (0%)	livery		UNIT PRICE 1,325 ** 5 ** 1,5 ** 1,5 ** 1,25 ** 2,82	TOTAL

ce on the back of this form are in effect for services identified on this form

252912

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	OLIDATED			TICKET NUMI	BER 371	New York and the second production of the second second
100				FOREMAN	Kelly &	ble
ox 884, Cha 20-431-9210 or		ELD TICKET & TREAT CEMEN		ORT	Walt Di	mkel
DATE	CUSTOMER # WE	LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-2-12	9999 Nadi	a Jaques#1	12	135	200	Ellis
	11.0	Ellust	TRUCK #		TDUCK#	DRIVER
AILING ADDRES	is is	40 Hwy	399	DRIVER	TRUCK#	DRIVER
108.0	w 34th st	45	40	Cerry	lates	
ITY	STATE	ZIP CODE 3/4N	160	Codey	0042	
Havs	Ks	67601 1/2W	· · · · · · · · · · · · · · · · · · ·			
	roc HOLE SIZE		3830'	CASING SIZE &	WEIGHT 5	5 15,5
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LURRY WEIGHT	14,5 SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING 2	3.68
SPLACEMENT_	DISPLACEME	NT PSI MIX PSI		RATE 6 B	Pm	
EMARKS: 5	a Fter Meeting	Riguponia	Shite Night	1 ru	n Float.	Equipme
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1/2 Hrs,	Kump 5BBC H	50, 500gal Mus	e Flush,	MIX 30 3	Ks in R.H.	
Mixed	150 sks Ce	m, 10% salt, 5#	Kolseal;	2% (el;	Clear Pu	upt Cine
relea	se Plug + Dirpl	ac. 90 BOL H	20 2 7	50 to max,	Landed	Plug D
1400	, release Pres	ssure, Plact Held		-		-
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			~	Ihank	You	,
ACCOUNT			050//050 05	Ihank Kelly Wal	You t+cre	/
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of	SERVICES or PR	Hank Kelly Lai	Yaw UNIT PRICE	/ TOTAL
	QUANITY or UNITS	DESCRIPTION of PUMP CHARGE	SERVICES or PR	Hank Kelly Ligi RODUCT	UNIT PRICE	/ TOTAL
	35	PUMP CHARGE MILEAGE		1 hank Kelly Way	UNIT PRICE	/ TOTAL
	1 35 180 5Ks	PUMP CHARGE MILEAGE	SERVICES or PR	Hank Kelly Lig	UNIT PRICE	/ TOTAL
CODE 5401P 5406 11045	1 35 180 5K3 861#	PUMP CHARGE MILEAGE C. Lass & Cas Sc. It		Hank Kelly Lief Koduct	UNIT PRICE 2,700 500 1765 ,45	/ TOTAL
code 5401P 5406 11045 1111	1 35 180 5Ks 861 # 900 #	PUMP CHARGE MILEAGE		Hank Kelly Liel DODUCT	UNIT PRICE 2,700 500 1765 .45 .56	7 TOTAL
code 5401P 5406 11045 1111	1 35 180 5Ks 861 # 900 #	PUMP CHARGE MILEAGE C. Lass & Cas Sc. It		Hank Kelly Ligi	UNIT PRICE 2,700 500 1765 .45 .56	/ TOTAL
CODE 5401P 5406 11043 1111 1110 A	1 35 180 5Ks 861 # 900 # 338 # .500 cc/	PUMP CHARGE MILEAGE C. Lass H Cer Sc. It Kolsec Gel Muel Elush	m.e.A		UNIT PRICE 2,700 500 17.65 .45 .45 .25 100	TOTAL
CODE 5401 P 5406 11043 1111 1110 A 1118 B 1118 B 1144 G	1 35 180 5Ks 861 # 900 #	PUMP CHARGE MILEAGE Cless & Cer Scit- Kolseci Gel Muel Flush Ton Mulageo	met Deliver		UNIT PRICE 2,700 500 1765 .45 .45 .25 100 162	TOTAL
CODE 5401 P 5406 11043 1111 1110 A 1118 B 1118 B 1144 G	1 35 180 5Ks 861 # 900 # 338 # .500 cc/	PUMP CHARGE MILEAGE Cless & Cer Scit- Kolseci Gel Muel Flush Ton Mulageo	met Deliver		UNIT PRICE 2,700 500 17.65 .45 .45 .25 100 162 19300	TOTAL
CODE 5401 P 5406 11043 1111 1110 A 1110 A 1118 B 1144 G 5407 A 4203	1 35 180 5Ks 861 # 900 # 338 # .500 cc/	PUMP CHARGE MILEAGE Cless & Cer Scit- Kolseci Gel Muel Flush Ton Milago S1/2- Guiclo S	De liver		UNIT PRICE 2,700 500 1765 .45 .45 .25 100 182 1930 2060	/ TOTAL
CODE 5401 P 5406 11043 11043 1110 1110 1110 1110 1110 1118 1118 1144 6 5407 4203 4228 B	1 35 180 5Ks 861 # 900 # 338 # .500 cc/	PUMP CHARGE MILEAGE Class & Cer Salt Kolseal Gel Mud. Flush Ton Miliago 51/2 - Guiclo S 51/2 - AFU INS	Deliver		UNIT PRICE 2,700 500 17.65 .45 .45 .25 100 1.62 1930 2060 580	TOTAL
CODE 5401 P 5406 11045 11045 1111 1110 A 1110 A 1118 B 1144 G 5407 A 4228 B 4228 B 4130	 35  80 5K3 861 # 900 # 338 # .500 cc/ 8.46   1	PUMP CHARGE MILEAGE Class & Cer Scit- Kolseri Gel Muel Flush Ton Milago 5%- Guido 5%- AFU Ing 5%- Centreli 5%- Basket	De liver		UNIT PRICE 2,700 500 1765 .45 .45 .25 100 182 1930 2060 580 2760	TOTAL
CODE 5401 P 5406 11043 11043 1104 1104 1104 1180 11446 54074 4203 42280 42280 4130 4104 4285	 35  80 5K3 861 # 900 # 338 # .500 cc/ 8.46   1	PUMP CHARGE MILEAGE Class & Cer Scit- Kolseri Gel Muel Flush Ton Milago 5%- Guido 5%- AFU Ing 5%- Centreli 5%- Basket	De liver		UNIT PRICE 2,700 500 1765 .45 .45 .25 100 162 1930 2060 580 2760 2060 2060 2060 2060 2060 2060 2060 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 200 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2	TOTAL
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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.

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