



KANSAS CORPORATION COMMISSION 1094310  
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: \_\_\_\_\_



1094310

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Operator		JOHN DENMAN OIL CO, INC.		Well No.	S-1	Lease	LOWE	Loc.	1/4	1/4	1/4	Sec.	10	Twp.	34	Rge.	12	
County		CHAUTAQUA		State	KS	Type/Well		Depth	1038'	Hours		Date Started	9/17/12	Date Completed	9/18/12			
Job No.		Casing Used	45' 8 5/8"	Bit No.		Type		Bit size	6 3/4"	From		To		Formation		From	To	% Rec.
Driller	TOOTIE	Cement Used	8	Bit No.		Type		Bit size	6 3/4"	From		To		Formation		From	To	% Rec.
Driller		Rig No.		Bit No.		Type		Bit size	6 3/4"	From		To		Formation		From	To	% Rec.
Driller		Hammer No.		Bit No.		Type		Bit size	6 3/4"	From		To		Formation		From	To	% Rec.

### Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	15	OVERBURDEN	695	700	SANDY SHALE			
15	25	SANDY SHALE	700	857	SHALE			
25	40	SAND (WATER)	857	870	LIME			
40	137	SHALE	870	873	SHALE			
137	150	SANDY SHALE	873	885	SAND (WAYSIDE)(OIL ODOR)			
150	200	SAND (WATER)(GAS)	885	985	SHALE			
200	212	BLACK SHALE	895	910	SHALE (OIL ODOR)			
212	215	LIME	910	928	SHALE			
215	225	SHALE	928	935	LIME (ALTAMONT)			
225	235	SANDY SHALE	935	937	SHALE			
235	247	SAND (LIGHT OIL ODOR)	937	960	LIME			
247	270	SHALE	960	962	SHALE			
270	294	SANDY SHALE	962	975	SAND (OIL ODOR)			
294	310	LIME	975	1038	SANDY SHALE			
310	330	SHALE						
330	420	SANDY SHALE/SAND						
420	509	SHALE			T.D. 1038'			
509	513	LIME						
513	515	SAND						
515	516	COAL						
516	522	SAND						
522	530	SHALE						
530	560	SAND (OIL ODOR)						
560	561	OIL ODOR						
561	565	COAL						
565	655	SHALE						
655	660	LIME						
660	670	SHALE						
670	674	SAND/SANDY SHALE						
674	680	SANDY SHALE						
680	695	SAND (OIL ODOR)						



9/19/2012

# 253037



3930000467

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Denman Oil	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	4 1/2" Prod.	Section		Excess (%)	30%
Customer Acct #	2223	TWP		Density	13.8
Well No.	Low S-1	RGE		Water Required	8.42
Mailing Address		Formation		Yield	1.77
City & State		Hole Size	6 3/4"	Slurry Weight	
Zip Code		Hole Depth	1041'	Slurry Volume	34 bbl
Contact		Casing Size	4 1/2" 11.6#	Displacement	16.4 bbl
Email		Casing Depth	1032'	Displacement PSI	600
Cell		Drill Pipe		MIX PSI	100
Dispatch Location	BARTLESVILLE	Tubing		Rate	3
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	36	PER MILE	\$4.00	\$ 144.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
5402	FOOTAGE	1,032	PER FOOT	0.22	\$ 227.04
<b>EQUIPMENT TOTAL</b>					<b>\$ 1,751.04</b>
<b>Cement, Chemicals and Water</b>					
1125A	THICK SET CEMENT (BLB OWC 4% GEL 2% CAL. CHLORIDE)	110	0	\$19.20	\$ 2,112.00
1107A	PHENOSEAL	40	0	\$1.29	\$ 51.60
1112A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1118B	PREMIUM GELBENTONITE (50#)	150	0	\$0.21	\$ 31.50
1123	CITY WATER (PER 1000 GAL)	4	0	\$16.50	\$ 66.00
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
<b>CHEMICAL TOTAL</b>					<b>\$ 2,514.10</b>
<b>Water Transport</b>					
5501C	WATER TRANSPORT (CEMENT)	4	ATER TRANSPORT (CEME	\$112.00	\$ 448.00
			0	\$0.00	\$ -
			0	\$0.00	\$ -
<b>TRANSPORT TOTAL</b>					<b>\$ 448.00</b>
<b>Cement Floating Equipment (TAXABLE)</b>					
<b>Cement Bucket</b>					
			0	\$0.00	\$ -
<b>Controler</b>					
			0	\$0.00	\$ -
			0	\$0.00	\$ -
<b>Float Shoes</b>					
			0	\$0.00	\$ -
<b>Float Collars</b>					
			0	\$0.00	\$ -
<b>Guide Shoes</b>					
			0	\$0.00	\$ -
<b>Balls and Flapper Plates</b>					
			0	\$0.00	\$ -
<b>Packer Shoes</b>					
			0	\$0.00	\$ -
<b>DY Tools</b>					
			0	\$0.00	\$ -
<b>Ball Valves, Sandbars, Clamps, Misc.</b>					
			0	\$0.00	\$ -
			0	\$0.00	\$ -
			0	\$0.00	\$ -
<b>Plugs and Ball Seals</b>					
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
<b>Downhole Tools</b>					
			0	\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 45.00</b>
				SUB TOTAL	\$ 4,758.14
				SALES TAX	\$ 212.21
				TOTAL	\$ 4,970.55
				10% (-DISCOUNT)	\$ 497.05
				<b>DISCOUNTED TOTAL</b>	<b>\$ 4,473.50</b>

<b>DRIVER NAME</b>	
677	Chancey Williams / John Wade
561 & T-133	Cesey Marrs
551	Aaron Smith
	H & S Transport

AUTHORIZATION: *[Signature]*  
DATE: 9-18-12

TITLE: Chancey Williams / John Wade  
FOREMAN: Chancey Williams / John Wade

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.

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Denman Oil	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	4 1/2" Prod.	Section	0	Excess (%)	0.3
Well No.	0	TWP	0	Density	13.8
Mailing Address	Lowe S-1	RGE	0	Water Required	8.42
City & State	0	Formation	0	Yeild	1.77
Zip Code	0	Hole Size	6 3/4"	Slurry Weight	0
Contact	0	Hole Depth	1041'	Slurry Volume	34 bbl
Email	0	Casing Size	4 1/2" 11.6#	Displacement	16.4 bbl
Cell	0	Casing Depth	1032'	Displacement PSI	600
Office	0	Drill Pipe	0	MIX PSI	100
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	3
<b>REMARKS</b>					

Arrive on Loc. Rig up. Safety Meeting. Pump 10 BBL of Gel, Followed by 20 BBL of H2O till well circulated. Pumped 34 BBL of Cement @ 13.8 ppg. Shut down washed pump and lines and dropped top rubber Plug. Displaced 16.4 BBL. Float Held.

SAFTY MEETING

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