

Kansas Corporation Commission Oil & Gas Conservation Division

1094543

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
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?
Operator:	
Well Name:	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:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date 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	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone Depth Top Bottom Type of Cement		# Sacks Used	Sed Type and Percent Additives					
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dept			
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						



TICK NUM	BER	33	879	
LOCATION_	Oal	Klas	Ks	
FOREMAN	in a	1+ D	ntol	

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

STORE Blade Exploration, ILC. THOURS DRIVER TRUCKS DRIVER TRUCKS DRIVER ALLING ADDRESS TY STATE ZIP CODE THE STATE ZIP CODE THE STATE ZIP CODE THE STATE ZIP CODE ASING DEPTH 224 DRILL PIPE SURRY VOL WATER GAISK CEMENT LEFT IN CASING SIZE & WEIGHT 85/2-20# ASING DEPTH 224 DRILL PIPE SURRY VOL WATER GAISK CEMENT LEFT IN CASING 90' RATE BRUE RATE SATE RATE BRUE RATE BRUE RATE SATE RATE BRUE RATE SATE RATE BRUE RATE SATE RATE BRUE RATE BRUE RATE SATE RATE BRUE RATE SATE RATE BRUE RATE BRU	20-431-9210 d	or 800-467-8676				CEMEN	<u>T</u>			
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TOTAL U8945	Ravin 3737	<u> </u>	-1	<u> </u>		d 4 100				1
		Tim &	/.						TOTAL	48945

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.



Ravin 3737



TICKET NUMBER LOCATION Oakley KS
FOREMAN Walt Dinkel

	hanute, KS 667 or 800-467-8676		LD TICKE	T & TREA [®] CEMEN	TMENT REP T	PORT		
DATE	CUSTOMER#	WELL	NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
2-21-12	11487	Riner	- B #		7	145	324	Logan
CUSTOMER Bla	re Ex	pluration	215, UC	Oakley	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS		- /	5 to mustans	463		udde	
CITY		STATE	ZIP CODE	4N 25	439	Cory Do	UIS	
JOB TYPE	TA	HOLE SIZE 7	7/8	_ HOLE DEPTH	4515'	CASING SIZE & W	/EIGHT	
CASING DEPTH		DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	IT_ <i>13,5</i>	SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in	CASING	
DISPLACEMENT		DISPLACEMEN				RATE	3Pm	A
REMARKS:	SaFety M	leating,	Plusa	s orde	red			
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ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR		UNIT PRICE	TOTAL
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5406	10		MILEAGE				500	50 ∞
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111813	756	#	601				125	18900
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TOTAL AUTHORIZTION - 1/m DATE TITLE_ 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.

247982

Less 10% Disc

SALES TAX

ESTIMATED