



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1095027

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      Date Reached TD      Completion Date or  
Recompletion Date           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: \_\_\_\_\_

1095027

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 ☐ Yes ☐ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top Datum

CASING RECORD ☐ New ☐ 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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Pierpoint Farms Lease 41
Doc ID	1095027

#### Tops

Name	Top	Datum
Sand	260	
Coal	267	
KC Limestone	334	
Sand dull	448	
Lenapah Lime	600	
Altamont Lime	636	
Weiser Sand	652	
Shale Sand 50%	660	
Pawnee Lime	749	
Peru Sand	798	
Oswego Lime	807	
Summit Gas Bubbles	824	
Mulkey Coal	840	
Bevier Coal	898	
Verdigris Lime	912	
Crowberg	920	
Fleming Coal	960	
Mineral 0	981	
Sandy Shale	1030	
Bartlesville Sand	1055	
Sandy Shale	1060	
Mississippi	1153	
TD	1162	

Mark Sievers, Chairman

Thomas E. Wright, Commissioner

Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 04, 2012

WILSON COUNTY HOLDINGS LLC  
111 CONGRESS AVE, STE 400  
AUSTIN, TX 78701

**FINAL NOTICE OF VIOLATION**

RE: API Well No. 15-205-28008-00-00  
PIERPOINT FARMS LEASE 41  
NESWSW, 1-28S-14E  
WILSON County, Kansas

Dear Operator:

Technical review of the above referenced well shows that the well information is incomplete. The following documentation has not been received, and a first letter notice was sent to you on September 27, 2012. To date, we have not received the following information:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year)   |
| <input type="checkbox"/> Must be notarized and signed.   | <input type="checkbox"/> Must have Footages from nearest outside corner of section.   |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1.  | <input type="checkbox"/> Side two on back of ACO-1 must be filled out.  |
| <input type="checkbox"/> We do not accept fax copies.  | <input type="checkbox"/> Must have final copies of DST's/Charts.  |
| <input type="checkbox"/> Must be put on new form and typed.  | <input type="checkbox"/> All original complete open and cased hole wireline logs run.   |
| <input type="checkbox"/> API # or date when original well was first drilled.   | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist.   |
| <input type="checkbox"/> Contractor License #.   | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion.  | <input type="checkbox"/> Any commingling information; File on the ACO-4 form.   |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date.            | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1.   |
| <input type="checkbox"/> Spud date. (Month, Day, Year)   |   |
| <input type="checkbox"/> Other:  |   |

This requested information must be submitted for processing as stated under K.A.R. 82-3-107(d), and K.A.R. 82-3-130 of the General Rules and Regulations for the State of Kansas. Failure to submit the requested information by December 18, 2012, shall be punishable by a \$500.00 per well administrative penalty. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY.

Please contact me at (316) 337-6200 if you have any questions.

Sincerely,



DEANNA GARRISON

Production Department



**CONSOLIDATED**  
**Oil Well Services, LLC**

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-457-8676

## ENIGMA

TICKET NUMBER 34630

LOCATION Eureka

FOREMAN Steve Haines

## FIELD TICKET &amp; TREATMENT REPORT

CEMENT APT 15-205-28008

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-10-78	89816	Pierpoint Farm Lease #41	1	28S	14E	Wilson
CUSTOMER						
Wilson County Holding LLC						
MAILING ADDRESS						
111 Congress Ave Ste 400						
CITY	STATE	ZIP CODE				
Austin	TX	78701				

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Blum		
479	Marle		

JOB TYPE <u>PTA</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>1"</u> <del>1 1/2"</del>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Softy meeting. Rig up to 1" Tubing. Break circulation with Fresh water.  
Mix 1055 lbs 6940 per mix cement w/ 4% Gel. 1200' to surface,  
Pull out 1" Tubing. Top well a PR.  
Job complete. Rig down.

(Note pulled out 1/2 of 1" tubing top well off & when all tubing was out top off well)

Thank you

[illegible]

Bayin 3737

### AUTHORIZATION

**TITLE**

DATE 10-MAY-2017

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.