

Confidentiality Requested:
 Yes No

KANSAS CORPORATION COMMISSION 1094669
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
 Plug Back Conv. to GSW Conv. to Producer

 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

Confidentiality Requested
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: Yes 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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL: <hr/> <hr/>	
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OPERATOR

Company: TDI, INC
Address: 1310 BISON ROAD
HAYS, KANSAS 67601

Contact Geologist: TOM DENNING
Contact Phone Nbr: 785-259-3141
Well Name: MUNSCH # 6
Location: SE NE NW SE Sec.9-15s-19w
Pool: INFIELD
State: KANSAS

API: 15-051-26,382-00-00
Field: SCHOENCHEN
Country: USA



1310 BISON ROAD
HAYS, KANSAS 67601
(785) 628-2593

Scale 1:240 Imperial

Well Name: MUNSCH # 6
Surface Location: SE NE NW SE Sec.9-15s-19w
Bottom Location:
API: 15-051-26,382-00-00
License Number: 4787
Spud Date: 9/11/2012 Time: 5:00 PM
Region: ELLIS COUNTY
Drilling Completed: 9/16/2012 Time: 7:40 PM
Surface Coordinates: 2250' FSL & 1560' FEL
Bottom Hole Coordinates:
Ground Elevation: 2029.00ft
K.B. Elevation: 2039.00ft
Logged Interval: 2900.00ft To: 3755.00ft
Total Depth: 3750.00ft
Formation: ARBUCKLE
Drilling Fluid Type: CHEMICAL/FRESH WATER GEL

SURFACE CO-ORDINATES

Well Type: Vertical
Longitude: Latitude:
N/S Co-ord: 2250' FSL
E/W Co-ord: 1560' FEL

LOGGED BY

Company: SOLUTIONS CONSULTING
Address: 108 W 35TH
HAYS, KS 67601
Phone Nbr: (785) 639-1337
Logged By: Geologist Name: HERB DEINES

CONTRACTOR

Contractor: SOUTHWIND DRILLING INC.
Rig #: 1
Rig Type: MUD ROTARY
Spud Date: 9/11/2012 Time: 5:00 PM
TD Date: 9/16/2012 Time: 7:40 PM
Rig Release: 9/17/2012 Time: 10:45 AM

ELEVATIONS

K.B. Elevation: 2039.00ft
K.B. to Ground: 10.00ft
Ground Elevation: 2029.00ft

NOTES

RECOMMENDATION TO PLUG AND ABANDON WELL DUE TO LOW STRUCTURE OF ARBUCKLE AND LACK OF DEVELOPMENT IN THE LANSING-KANSAS CITY.

WELL LOGGED BY PIONEER ENERGY SERVICES: DUAL INDUCTION LOG, DUAL COMPENSATED POROSITY LOG

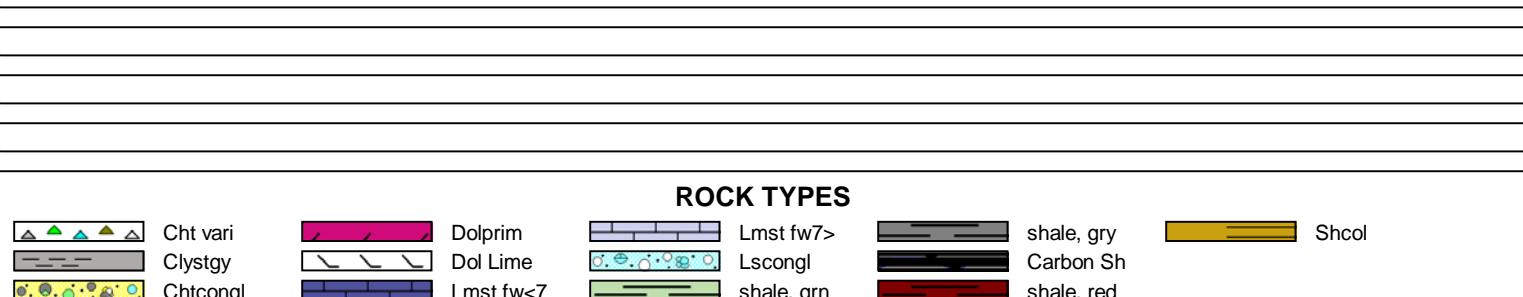
NO DRILL STEM TESTS WERE RAN ON THIS WELL

FORMATION TOPS SUMMARY AND CHRONOLOGY OF DAILY ACTIVITY

MUNSCH # 6
SE NE NW SE
Sec.9-15s-18w
2029' GL 2139' KB

<u>FORMATION</u>	<u>SAMPLE TOP</u>	<u>LOG TOP</u>
Anhydrite	1208+ 831	1208+ 831
B-Anhydrite	1244+ 795	1244+ 795
Topeka	2997- 958	3006- 962
Heebner Shale	3277-1238	3279-1240
Toronto	3297-1258	3299-1260
LKC	3323-1284	3326-1287
BKC	3548-1509	3552-1513
Marmaton Mkr.	3608-1569	3611-1572
Arbuckle	3657-1618	3660-1621
RTD	3750-1711	
LTD		3755-1716

9-11-12 RU, Spud, set surface casing to 223.03' w/150 sxs. Common, 2%gel,
 3%CC, Slope survey 3/4 degree
 9-12-12 225' WOC, kick off 8:15AM
 9-13-12 1575' drilling
 9-14-12 2388' drilling
 9-15-12 3100' drilling, displaced @ 2800'
 9-16-12 3445' drilling, RTD 3750' @ 7:40 PM, slope 2 1/4 degrees
 9-17-12 3750', logs, plug and abandon, plugging completed at 10:45 AM, RD



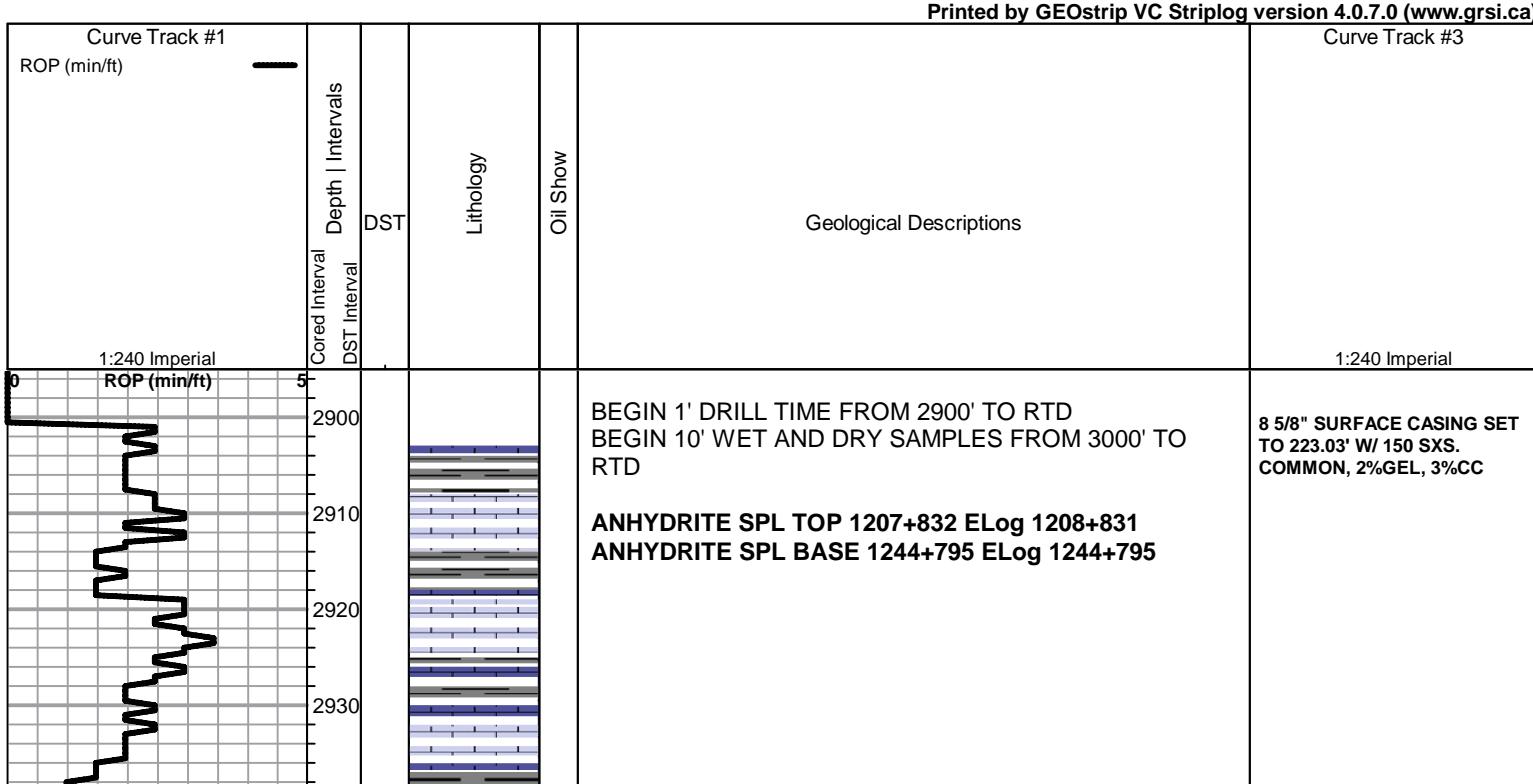
ACCESSORIES

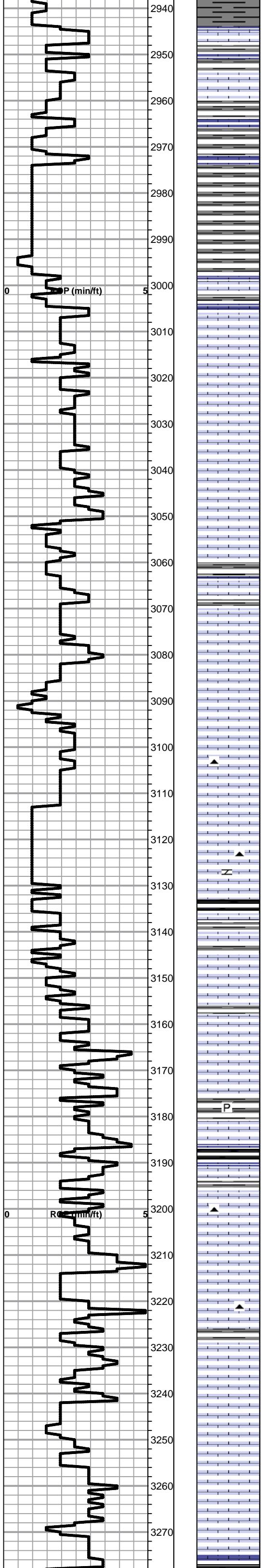
MINERAL	FOSSIL
▲ Chert, dark	◊ Oolite
■ Nodules	● Oomoldic
■ Pyrite	
△ Chert White	

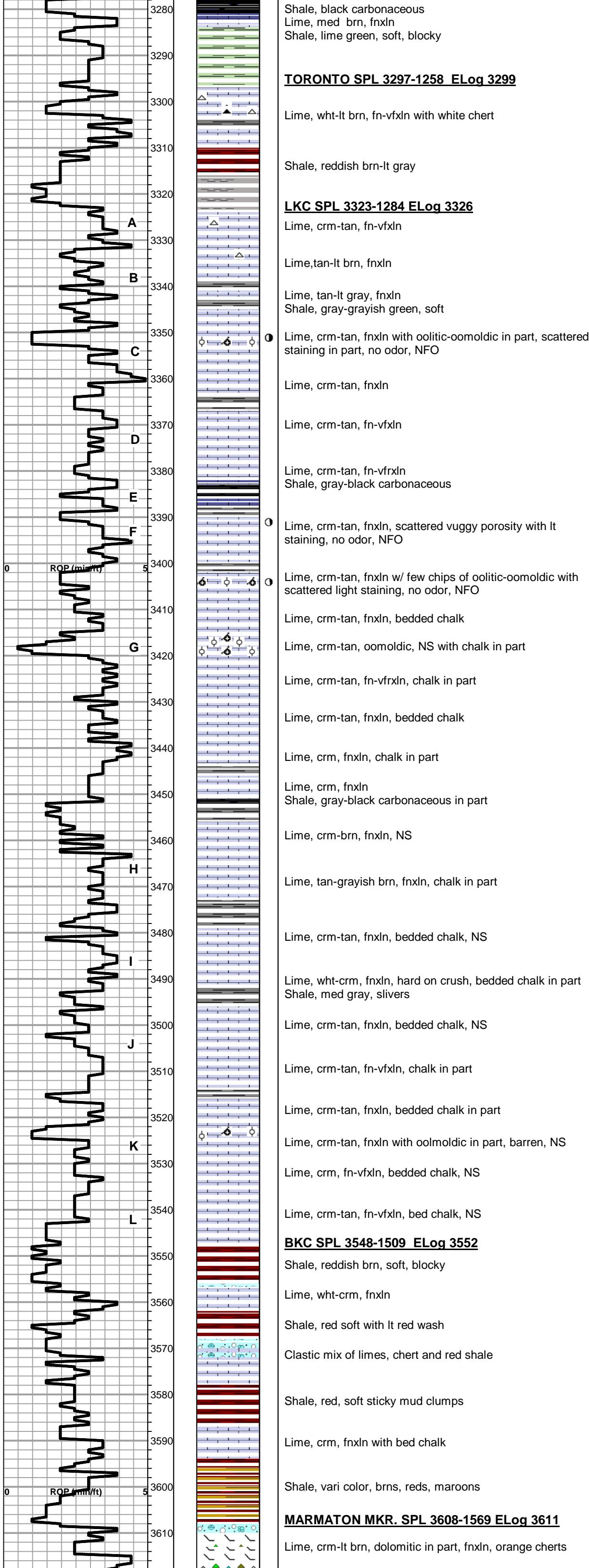
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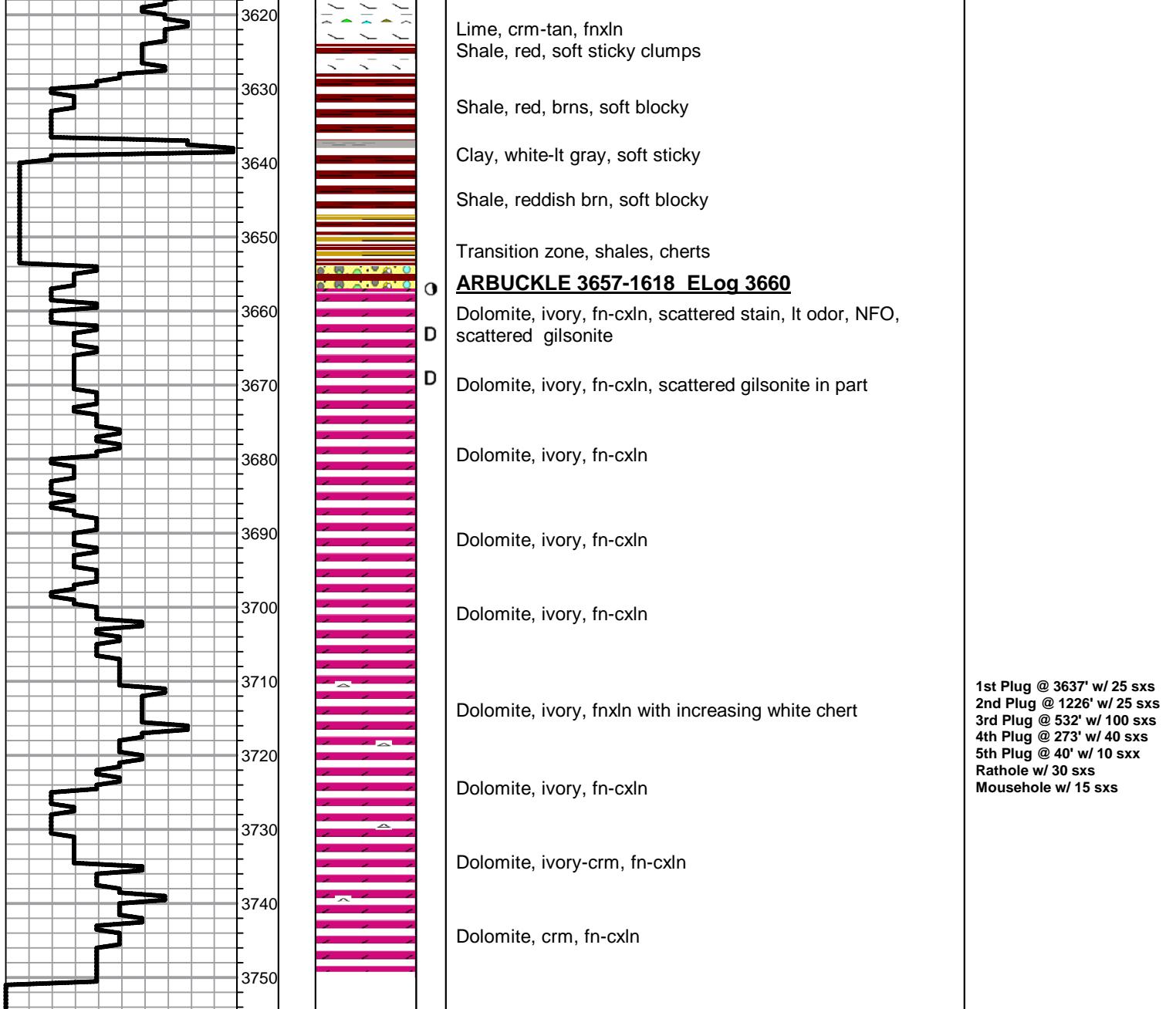
DST
■ DST Int
■ DST alt

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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 739

Date 9-11-12	Sec. 9	Twp. 15	Range 18	County ELLIS	State KS	On Location	Finish 12.15AM
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Lease Munsch	Well No. #6	Location hays mach IN XE N into					
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Contractor Southwind Rigs 1	Owner To Quality Oilwell Cementing, Inc.					
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Type Job Surface	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
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Hole Size 12-1/4	T.D. 225	Charge To	TDI				
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Csg. 858	Depth 223.03	Street					
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Tbg. Size	Depth	City	State				
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Tool	Depth						
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Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.					
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Meas Line	Displace 12.314	Cement Amount Ordered 150 390cc 20% gel					
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EQUIPMENT

Pumptrk 16	No. 1	Cementer <i>part</i>	Common 150					
		Helper <i>part</i>						
Bulktrk 10	No. 2	Driver <i>part</i>	Poz. Mix					
		Driver <i>part</i>						
Bulktrk 24	No. 3	Driver <i>part</i>	Gel. 3					
		Driver <i>part</i>						
			Calcium 5					

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
<i>Cement did circulate</i>	Handling 158
	Mileage

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge <i>Surface</i>	
Mileage 9	
	Tax
	Discount
	Total Charge

X Signature *Randy H*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 6541

Cell 785-324-1041

Date 9-17-12	Sec. 9	Twp. 1518	Range	County Ellis	State KS	On Location	Finish 10:45 A.M.
Location Hwy 161 N to Minto							
Lease Munsch		Well No. 6		Owner To Quality Oilwell Cementing, Inc.			
Contractor Southwind #1				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job Rotary Plug				Charge To TDJ			
Hole Size 7 1/8		T.D. 3250		Street			
Csg.		Depth		City State			
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Tool		Depth		Cement Amount Ordered 245-60/40 40/26/11 144/2			
Cement Left in Csg.		Shoe Joint					
Meas Line		Displace					
EQUIPMENT							
Pumptrk 16	No. 1	Cementer	Common 147				
		Helper	Poz. Mix 98				
Bulktrk	No. 2	Driver	Gel. 9				
Bulktrk 10	No. 3	Driver	Calcium				
		Driver	Hulls				
JOB SERVICES & REMARKS							
Remarks:							
Rat Hole 30SK				Flowseal 60ff			
Mouse Hole 15SK				Koi-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
1st 3637 25SK				Handling 254			
2nd 1226 25SK				Mileage			
3rd 532 100SK				FLOAT EQUIPMENT			
4th 273 40SK				Guide Shoe			
5th 40 10SK				Centralizer 8 1/8 wrench plug			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge 9 plug			
				Mileage 9			
				Tax			
				Discount			
				Total Charge			
X Signature		Nellie L.					

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 25, 2012

Tom Denning
TDI, Inc.
1310 BISON RD
HAYS, KS 67601-9696

Re: ACO1
API 15-051-26382-00-00
Munsch 6
SE/4 Sec.09-15S-18W
Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tom Denning