

## Kansas Corporation Commission Oil & Gas Conservation Division

1095355

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:	Sec Twp S. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	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         ☐ 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?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	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 TwpS. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  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 III Approved by: Date:

Side Two



Operator Name: \_ Lease Name: \_ \_ Well #: \_ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Madison, KS 66860
Office # 620-437-2661
Brad Cell # 620-437-6765

Ticket Number_	100088	
Location	Madison	
Foreman	Brad Butter	

## **Cement Service ticket**

Date Customer # 5-14-12		Well Name & Number	Sec./Township/Range	County Allen	
		· Kettle #1-A	1-245-18E		
Customer		Mailing Address	City State	Zip	
TRI	G. 46	308 Fairway Ave,	Iola, Ks.	66749	

Job Type: P/u	19 To Abandon		Truck #	Driver
			201	Kelly
Hole Size: 63/4"	Casing Size:	Displacement:	202	Kelly Jerry
Hole Depth: 965	Casing Weight:	Displacement PSI:	105	Justin
Bridge Plug:	Tubing:	Cement Left in Casing:		Cody
acker:	PBTD:			
Quantity Or Units	Description	on of Servcies or Product	Pump charge	790.00
45	Mileage		\$3.25/Mile	146.25
F71.				0-4-4
1/4 SACKS	60/40 Pozmix ces	menT	10.90	806.60
127 16s	Gel 22		,30	38.10
de de Artes de Artes de Artes de La Companya de La La Companya de La Co		,		100
Carlos Mankey				
3 Hs	Water Truck		84.00	252.00
	Rentation 1"Swited & 1	50.00	50.00	
3.25 Tons	Bulk Truck > minimum	\$1.15/Mile	250.00	
45 miles	45 miles Truck 290		1.50	67.50
	Plugs			
			Subtotal	2400.45
yes 1	a select to make a contraction of a traction of	The statement of the st	Sales Tax	61,66
			Estimated Tota	2462 11

Remarks:	Kigusto 1"Pioc	- washed /	"down To	920 SE	Temen Huss	As Sollow	ohs.	
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. Principal de la compansión de la compa					0	uh Galakan (h. 181		

Called by Mark Buris
Customer Signature

(Rev. 1-2011)