

Kansas Corporation Commission Oil & Gas Conservation Division

1095393

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 🔲 East 🗌 West
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?
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: 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:
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 I II Approved by: Date:

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone Depth Top Bottom Type of Cer		ement	# Sacks	Used		Type and	Percent Additives			
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plug Specify Footage of Each Interval Per			s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			





TICKET NUMBER_ LOCATION Fucks
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

O Box 884, C	hanute, KS 667 or 800-467-8676	20 · ·-		CEMEN	\mathcal{A}^{2}	[4 15-035-2	14463	
DATE	CUSTOMER#	WEL	L NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
	1152	Gammon	Fossil 20	-2 20-4	20	345	78	Cowley
1/25/12 CUSTOMER	1132	Cameron	10001.	CHG	page	a series in the series of		
DOSTONIER A	S.C. Steel	LLC		01,13	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS]0,	445	Oax		
20	9 N. Fry	< +			515	Calin		<u> </u>
CITY	, <u>11: 11 y</u>	STATE	ZIP CODE	1	637	Merle		
	es Center	1 2 5	66783					_1
JOB TYPEと		HOLE SIZE	7 2/8"	_ HOLE DEPTH	2608'	CASING SIZE & V	veight <u> </u>	
JOB ITPE	73 0			TUBING			OTHER	
CASING DEPTH	1 2607	DRILL PIPE		_ 105110	. 90	CEMENT LEET in	CASING O	
CLUBBY WEIGH	HT /3 T	SLURRY VOL	36 (38)	WATER gails	ik	CEMENT LEFT in	OAOIIIO_B	
DISPLACEMEN	IT 41.4 BSI	DISPLACEME	NT PSI <u>750</u>	PSI_/2:	50 Bungalus	RATE 5 69-	- 0)	
		. 0	1 111/2"	G	ماريمين مرمم	4500 1.1 10	KLI 4かとうか L	Jater.
.(1)	- 14 A A L	: - U 4 mm - / 0 /	Mark 1./5	" Kal-380//:	SK (* / 3.*	/ 30' 4100 ·		
	L	1	4/0" (uhher a kie.	1 1150lace L	J/ 7(- <u>* 00/</u>)I	CON TRAIL	741-
		47 R.	l.m +a 1251	1 PSI	せ え かりろ	CIPASE DECE	U/ C 1/00	
- purp pre	370/E 730 11	a Call	للطرب جمسية	e commitie	+ displace	nort of plug.	Job compl	etc.
<u>Neld.</u>	Dood Circulati	an C 9/1	Elves Buly	C CCMIDICAL				
Kin dou	<u>~·</u>							
note: Pl	ugged rathe	le u/15 3	<u> </u>					
								

" Thank You"

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	J	PUMP CHARGE	1630.00	1030.00
5406	70	MILEAGE	4.00	280.00
1126A	15 525	thickset comme (plug rat hole)	19.20	288.00
4044	110 343	thickset cemet	19.26	2112.00
1126A 1110A	525*	5# Kol-seel /SK	. 16	264.50
Cuio	6.8°	ton mileage bulktik	1.34	644.41
5407A 5502C	5 hrs	80 BD WAC TEX	90.00	450.00
1123	3600 gels	city wote	16.50 / 1860	49.50
4404	1	4'h' top rushe plug	45.00	45.00
			subtata)	5163.41
vin 3737		2/ 24745Q (89)	ESTIMATED	187.66 5351.0
UTHORIZTION_		Judd Gulick TITLE Toolpusher CAG Pelz	TOTAL DATE	D 27 1.0

AUTHORIZTION_ 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