

#### Kansas Corporation Commission Oil & Gas Conservation Division

1095470

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: 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 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? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: 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 #:	QuarterSec TwpS. R East West
ENHR Permit #:	County: Permit #:
GSW 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: \_ \_ 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)

Form	ACO1 - Well Completion			
Operator	Anstine & Musgrove Inc.			
Well Name	THIESSEN 5			
Doc ID	1095470			

## All Electric Logs Run

Dual Compensated porosity
Dual Induction
Microresistivity
Sonic Cement Bond



#### **REMIT TO**

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346 MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 FAX 620/431-0012

INVOICE			Invoice	•	235772
Invoice Date:		0/30,n/30	:======:	Page	1
	 	<i></i>	. – – – – – – –		

ANSTINE & MUSGROVE OIL CO P.O. BOX 391 PONCA CITY OK 74602 (580)762-6355 THIESSAN #5 28416 08-09-10

Part Number Qty Unit Price Description Total 1104S CLASS "A" CEMENT (SALE) 200.00 13.5000 2700.00 1118B PREMIUM GEL / BENTONITE 800.00 .2000 160.00 1102 CALCIUM CHLORIDE (50#) 160.00 .7500 120.00 .4200 1110A KOL SEAL (50# BAG) 1100.00 462.00 1107 FLO-SEAL (25#) 100.00 2.1000 210.00 4159 FLOAT SHOE AFU 5 1/2" 1.00 328.0000 328.00 4454 5 1/2" LATCH DOWN PLUG 1.00 242.0000 242.00 4104 CEMENT BASKET 5 1/2" 4.00 219.0000 876.00 4130 CENTRALIZER 5 1/2" 10.00 460.00 46.0000 Description Hours Unit Price Total 446 CEMENT PUMP 1.00 925.00 925.00 446 EQUIPMENT MILEAGE (ONE WAY) 65.00 3.65 237.25 446 CASING FOOTAGE 1360.00 .20 272.00 TON MILEAGE DELIVERY 491 681.20 1.20 817.44

RH

Parts: 5558.00 Freight: .00 Tax: 405.74 AR 8215.43
Labor: .00 Misc: .00 Total: 8215.43
Sublt: .00 Supplies: .00 Change: .00

Signed

Date

BARTLESVILLE, OK 918/338-0808 ELDORADO, KS 316/322-7022 EUREKA, Ks 620/583-7664 GILLETTE, WY 307/686-4914 McALESTER, OK 918/426-7667 OTTAWA, Ks 785/242-4044 THAYER, Ks 620/839-5269 WORLAND, WY



### CONSOLIDATED Oli Well Bervices, LLC

TICKET NUMBER 28416
LOCATION EL DEL MORE 480 FOREMAN LANGUSTOR M

PO Box 884, Chanute, KS 66720	FIELD TICKET & TREATME
620-431-9210 or 800-467-8676	CEMENT

020-431-3210 ·	01 800-301-0010	<u> </u>	CEMICIA	<u>                                     </u>			
DATE	CUSTOMER#	WELL NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
8-9-10	1098	TERESCHIO	16.5	22	343	SE	SUMBER
CUSTOMER	10 -0	Mucas no DOL	1		and the land of th	The second second second	
HOLEST	THE 4	Misgrave DP1	.↓	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADORE			i	446	TARAB		
F.D	). Dolo 3	<u> </u>	1	497	Kensu		
PenziA	Cory	STATE   ZIP CODE   7460					
JOB TYPE		HOLE SIZE 7/3	HOLE DEPTH	3860	CASING SIZE & W	EIGHT 35	
CASING DEPTH	385	DRILL PIPE	_TUBING			OTHER	
SLURRY WEIGH	17 14 D	SLURRY VOL_53	WATER gal/s	k	CEMENT LEFT In	CASING DAY	4
DISPLACEMENT		DISPLACEMENT PSI 1000	MIX PSI	<u>O</u>	RATE_T_T	bb/s 0	
REMARKS:	Jachy M	eet mg - Raca	DO 00	AWD /	MAKED ?	loos k	
CAGS		See 110% CAC		JIbe Ko	Jeus -	2/b B	PAKE
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL.
5401		PUMP CHARGE	925.00	925.00
5406	65	MILEAGE	3.61	23725
5402	13/00	Fortuge	120	272,00
11045	200	sk A	13.50	270000
11188	800	185 Gel	,20	160,00
1/02	160	165 CACK 2	, 7.5	120,00
1110A	1100	This Kolseer,	142	462.00
1107	100	165 Polya FTAKE	2,10	210,8%
510 TH	67	Bulk Derrely 10,48 X	1,20	817.44
4159		St. AFU, Floret Short	32800	328,00
4454		Sa Later down Plug	2.42.00	142.00
4/04		Jy BANKATA,	219,00	276.0X
4130	10	The Controllers	46.00	460.00
		Dublin		7809.159
			SALES TAX	40514
rin 3737	DAD	235112	ESTIMATED TOTAL	8215.43
ITHORIZADON -	wastones there	TITLE	DATE	

AUTHORIZION TO THE THE



#### **REMIT TO**

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346 Main Office P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 FAX 620/431-0012

Invoice Date: 08/09/2010 Terms: 0/30,n/30 Page 1	INVOICE		Invoice	#	235689
			=========	_	====== 1

ANSTINE & MUSGROVE OIL CO P.O. BOX 391 PONCA CITY OK 74602 (580)762-6355

TON MILEAGE DELIVERY

THIESSAN #5 28498 08-02-10

527.33

Qty Unit Price Part Number Description Total CLASS "A" CEMENT (SALE) 2295.00 1104S 170.00 13.5000 S-5 GEL/ BENTONITE (50#) 1118A 340.00 .2000 68.00 1102 CALCIUM CHLORIDE (50#) .7500 382.50 510.00 1107 FLO-SEAL (25#) 75.00 2.1000 157.50 Description Hours Unit Price Total CEMENT PUMP (SURFACE) 290 1.00 725,00 725.00 290 EQUIPMENT MILEAGE (ONE WAY) 66.00 3.65 240.90

RAU

Parts: 2903.00 Freight: .00 Tax: 211.92 AR 4713.62
Labor: .00 Misc: .00 Total: 4713.62
Sublt: .00 Supplies: .00 Change: .00

Signed

491

Date\_

632.80

1.20





TICKET NUMBER LOCATION FIDE FOREMAN\_

PO	Box	884,	Cha	nute,	KS	66720
620	-431	-9210	Of	800-	467-	8676

#### FIELD TICKET & TREATMENT REPORT

20-431-9210	or 800-467-8676	i	CEMEN	IT			
DATE	CUSTOMER#	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
8-2-10	1098	Thiessan#5		22	345	25	Summer
OUGTOUSE					<b>正,在中</b> 女保护,		and the its same
Austin	ext Musa	rove OilCo	_	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS		1	290	Joseph	<u> </u>	<u> </u>
P.O. Bos	c 391			LAI	Revin		
		STATE ZIP CODE	7				
Porca C	lity	OK 174601	_]				
JOB TYPE SU	Hore O	HOLE SIZE LZKI	HOLE DEPT	मञ्चयद्र	CASING SIZE &	WEIGHT TO SE	<u> </u>
CASING DEPTH		DRILL PIPE				OTHER 1	
SLURRY WEIGH	17 <u>/50-/55</u>	SLURRY VOL 1.18	WATER gal/s	sk	CEMENT LEFT in	CASING_20	0 ft
DISPLACEMEN	-17.42_	DISPLACEMENT PSI	MIX PSI	<del></del>	RATE		
REMARKS:	cftam-ei	ing Ringup to 87 B	rikecho	Mation Pur	-1705kscl	455A 2%00	13%cc/2
Ro-Seals	erski Shu	tdown Stort di	sa come	nt to 274	ft + shue	in Come	nt Cir-
		collar Washus					
<u></u>	7. II.						
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	725,00	72500
5406	66	MILEAGE	2.65	24090
11045	170565	ClassA	13.56	2295.00
1118A	340165	Gel	-20	68,00
1102	51016s	CalciumChloride	1.75	382.50
1107	7516s	Flo-Seal	2.10	157.50
5407A	7.99 Tons	Gamiles Bulk Del	1.20	632.80
		Subtotal	<del></del>	450170
		1	SALES TAX	211.92
Rav.n 3737	1.6/7	1 235689	ESTIMATED TOTAL	4713.62
AUTHORIZTION	Man H / d str	TITLE	DATE	

i acknowledge that the payment texts, 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