

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1095794

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 & LEA	SF

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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.): If Workover/Re-entry: Old Well Info as follows: Operator:	Amount of Surface Pipe Set and Cemented at: Feed Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feed If Alternate II completion, cement circulated from: Feet feet depth to: w/ sx cmt Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Chloride content: ppm Fluid volume: bbls
Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #:	Deviation of fluid disposal if hauled offsite: Operator Name: Lease Name: Quarter Sec. Twp. S. R. Detailed disposal if hauled offsite: Operator Name: Lease Name: Quarter Sec. Twp. S. R. Detailed disposal if hauled offsite: Quarter Sec. 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	1095794
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Shi	eets)	Yes No		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			G RECORD	ew Used	ion oto		
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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge F Each Interval)e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENH	۲.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	ər	Bbls.	Gas-Oil Ratio	Gravity
									ſ	
DISPOSITIO	ON OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC)-18.)		Other (Specify)					

	CONSOLIDATED Dit Weit Services, LLC hanute, KS 66720 Fil or 800-467-8676	ELD TICKET & TREA		FOREMAN	Alan M	And in case of the owner
DATE		LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-7-12	4448 Knoke	A KR-17	SE ID	14	22	Ta
CUSTOMER	A	E +D	Lunder Wardel			
MAILING ADDRE		EtD	TRUCK #	DRIVER	TRUCK #	DRIVER
9393	WIDTH		3/28	ALUM	ALANY	Meet
CITY	STATE	ZIP CODE	34.9	Der Mas	Dm	
Diverland	& Park KS	66210	510	SetTuc	ST	
JOB TYPE ON		55/8 HOLE DEPT	H 920	CASING SIZE & W	VEIGHT 27	18
CASING DEPTH	902 DRILL PIPE_	TUBING			OTHER	
SLURRY WEIGH		WATER gal/	sk	CEMENT LEFT in	CASING_//C	5
DISPLACEMENT	1 4	INT PSI 800 MIX PSI	200	RATE 46	m	
REMARKS: H	0 1 14	leet Establi	shed r	ate. M	ixed +	-
pumpt	ed loot se	to a contract	64.98	SSK DL	UC pl	45 14
\$10.3C	ber plugs	tel cement	TD 143	hed pu	eld 8	umped
PST	Soft Flor	+ CIMSDIO	volue.	Jell M	eia y	00
prote pe						
ital	Dave			10		
-15	/				- 11	12
				- A Open	V Mar	ou
ACCOUNT		1		11-		
CODE	QUANITY or UNITS	DESCRIPTION				
1		DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5HUI	1	PUMP CHARGE	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	30	PUMP CHARGE MILEAGE	A		UNIT PRICE	TOTAL 1030.00 120.00
5401 5406 5406	1 30 402'	PUMP CHARGE MILEAGE	Pootase		UNIT PRICE	TOTAL 1030.00 120.00
5404 5406 5407 5407	1 30 402' Min	PUMP CHARGE MILEAGE C.G.S. Ing	Pootase		UNIT PRICE	TOTAL 1030.00 120.00 3.50.00
5404 5406 5402 5407 55026	1 30 402' Min 21/2	PUMP CHARGE MILEAGE	Pootase			TOTAL 1030.00 120.00 350.00 225.00
5401 5406 5407 5407 55026	Min 21/2	PUMP CHARGE MILEAGE C.G.S. Ing f ton mile 80 UGL	Pootase		UNIT PRICE	TOTAL 1030.00 120.00 3.50.00 225.00
5401 5406 5407 5407 5502C	M:4 21/2 98	PUMP CHARGE MILEAGE C.G.S. Ing	Pootase			TOTAL 1030.00 120.00 350.00 225.00 1842.40
5401 5406 5407 55026 1126 1118B	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootase			TOTAL 1030.00 120.00 350.00 225.00 1842.41 21.00
5401 5406 5407 5502C 1126 1118B 11070	M:4 21/2 98	PUMP CHARGE MILEAGE C.G.S. Ing f ton mile 80 UGL	Pootase			TOTAL 1030.00 120.00 225.00 225.00 1842.40 21.00 58.75
5401 5406 5407 55026 1126 1118B 1107 00 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootase			TOTAL 1030.00 120.00 225.00 225.00 225.00 1842.41 21.00 58.75 56.00
5401 5406 5407 5502C 1126 1118B 11070 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootase			TOTAL 1030.00 120.00 225.00 225.00 1842.40 21.00 58.75 56.00
5401 5406 5407 5502C 1126 1118B 1107 00 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootage 5			TOTAL 1030.00 120.00 225.00 225.00 1842.41 21.00 58.75 36.00
5401 5406 5407 5502C 1126 1118B 11070 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootage 5			TOTAL 1030.00 120.00 225.00 225.00 1842.40 21.00 58.75 56.00
5401 5406 5407 5502C 1126 1118B 1107 D 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootage 5			TOTAL 1030.00 120.00 225.00 225.00 1842.4 21.00 58.75 36.00
5401 5406 5407 5502C 1126 1118B 1107 00 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootage 5			TOTAL 1030.00 120.00 225.00 225.00 1842.40 21.00 58.75 36.00
5401 5406 5407 5502C 1126 1118B 1107 D 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootage 5			TOTAL 1030.00 120.00 350.00 225.00 1842.40 21.00 58.75 36.00
5401 5406 5407 5502C 1126 1118B 1107 00 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootage 5	CANNE		1030.00 120.00 225.00 225.00 1842.40 21.00 58.75 36.00
1126 11183 1107 00 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	s S	CANNE	ED SALES TAX	TOTAL 1030.00 120.00 225.00 225.00 1842.40 21.00 58.75 36.00 148.85
5401 5406 5407 5502C 1126 1118 107 4402	100 ₩	PUMP CHARGE MILEAGE C.G.S. ing f ton mile 80 UGL OWC G&	Pootage 5	CANNE		1030.00 120.00 225.00 225.00 1842.40 21.00 58.75 36.00

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.

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