

## Kansas Corporation Commission Oil & Gas Conservation Division

### 1095812

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 /			
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:			
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		

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)

Other (Specify)

(If vented, Submit ACO-18.)



TICKET NUMBER LOCATION Offama FOREMAN Fred ma

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

# FIELD TICKET & TREATMENT REPORT

CEMENT DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 8/3/12 4448 KR-18 SE CUSTOMER Kansas MAILING ADDRESS TRUCK # DRIVER TRUCK# DRIVER 506 Fre Mau Safet 110 th STATE Ste 500 368 CITY ARM ZIP CODE 370 KS 558 **HOLE SIZE** HOLE DEPTH 500 CASING SIZE & WEIGHT 27/6 CASING DEPTH DRILL PIPE TUBING SLURRY WEIGHT **SLURRY VOL** WATER gal/sk CEMENT LEFT In CASING 2/2 BBL-DISPLACEMENT PSI DISPLACEMENT Utan

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	
5401	1	PUMP CHARGE		TOTAL
5406	.30 m	MUEACE		103000
5402	30 m.	368		12000
5907	Minimum	Casing Footone		MC
55020	ahrs	Ton Miles 558		32000
	- Arrs	80 BBL Vac Truck 370		18000
1124	116 sks	50/5 12		
1118B	2954	50/50 for mix Coment		127020
1107A	58#	Premium Cel		6185
4402		Pheno Seal		74.82
1702		2'5" Rubber Plug.		2899
3737		7,525%	SALES TAX	10798
HORIZTION	2 macs/	TITLE	ESTIMATED	322295

DATE 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.

TITLE

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