

## Kansas Corporation Commission Oil & Gas Conservation Division

1095834

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         ☐ 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	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [		Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc.  Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (	00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d	Type and Percent Additives			
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe				cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	ols. (	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D (Sub	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	DN INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						

Form	ACO1 - Well Completion		
Operator	AAS Oil Co., Inc.		
Well Name	SCHRAG 1		
Doc ID	1095834		

## All Electric Logs Run

Dual Induction
Dual compensated Porosity
Microresistivity
Sonic Cement Bond





TICKET NUMBER LOCATION 180

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

FOREMAN LARRY STORM

1-13-12	1091	Schape #1	WIDER	SECTION	I-15-191-	RANGE	COUNTY
USTOMER A	5 001	Schrung #	T -	۵4	34	2E	SIMUER
tekanono	2gemont Coty	STATE ZIP CODE 67005		TRUCK# 446 441 539	DRIVER MARK G. Steve D LARRY	TRUCK#	DRIVER
ASING DEPTH URRY WEIGHT SPLACEMENT MARKS: M	268 15.0 16.75	DRILL PIPE SLURRY VOL 39 DISPLACEMENT PSI 200 80 JKS A + 30% 15 HOB Water	HOLE DEPTH_ TUBING_ WATER gal/sk MIX PSI CACL 2 +	270, Bel	RATE 43 66	ASING 25	8-

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		
54015			UNIT PRICE	TOTAL
5406	64	PUMP CHARGE	825.00	825.00
	<b>D</b> Y	MILEAGE	4.00	256,00
11045	180	ali n		
1102			14,95	126910
1107	400 90	165 CACLO	,74	296,00
1118B		15 Poly	2,35	211,50
11100	350	163 GeD	,21	13.50
TUOT N		× 11 - 1	1001	10.30
2407 A	64	Bulk Derverly & 8.88 tous x	1,34	761,55
		57.17.11		
n 3737	1	849113 Subtotal		5114.56
13/3/	11/60		SALES TAX	237.86
THORIZTION	lade	A 1 1 1	TOTAL	5353.4]

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.



PO Box 884, Chanute, KS 66720



LOCATION 180

FOREMAN LANGUAGE STEELS

**FIELD TICKET & TREATMENT REPORT** 

APT-15-191-22643 620-431-9210 or 800-467-8676 CEMENT CUSTOMER# DATE WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 2E DUMWOR TRUCK # DRIVER TRUCK# DRIVER MAILING ADDRESS ZIP CODE 67005 3885 CASING SIZE & WEIGHT Ja HOLE SIZE HOLE DEPTH CASING DEPTH 3883 DRILL PIPE TUBING\_ CEMENT LEFT IN CASING 2 4 SLURRY WEIGHT 15,5 SLURRY VOL WATER gal/sk DISPLACEMENT PSI 1/25 DISPLACEMENT MIX PSI

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	1030,00	1030.00
5406	65.	MILEAGE	4.00	260,00
5402	1384	Footage	1:22	304.48
1126A	175	sks Thick-Set	19.20	3360.00
1107	100	165 Holy	2.35	235.00
111 OA-	1400	165 Kol-Senl	.46	644.00
11446	500		1.05	515.00
2407 A	65	Bulk DeRoser Ly x 9,94 tons	1.34	865.77
4312	1	5/2 Colhare	65.00	65.00
4310	)	55 X 14 Dapple	80.00	80.00
4159		53 AFB Flows JADE	344.00	344.00
4454		52 Later down,	254,00	254.00
4104	3	52 Coment BASKETS	229,00	687.00
4130	7.	52 Centrarles	48,00	33600
4136	4	53 Turbo 192-exs	60,00	240.00
		Subtotal		9230,25
		2410360	SALES TAX	494.20
evin 3737	) (	04400	ESTIMATED TOTAL	9124.41
	Das Que	TITLE Drod Supt		916

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.



CUSTOMER#

PO Box 884, Chanute, KS 66720

620-431-9210 or 800-467-8676

DATE

6-5-12 CUSTOMER



36199 TICKET NUMBER LOCATION 180 FOREMAN LHANY STERME

DATE

FIELD TICKET & TREATMENT REPORT

ANI 15-191-22643 CEMENT TOWNSHIP RANGE COUNTY WELL NAME & NUMBER SECTION 345 aE I MUER 24 TRUCK # DRIVER DRIVER TRUCK#

AAS MAILING ADDRESS MARK 48 ZIP CODE STATE 67000 CASING SIZE & WEIGHT HOLE DEPTH HOLE SIZE JOB TYPE OTHER TUBING DRILL PIPE CASING DEPTH **CEMENT LEFT IN CASING** SLURRY VOL WATER gal/sk SLURRY WEIGHT RATE DISPLACEMENT PSI MIX PSI DISPLACEMENT REMARKS:

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
		PUMP CHARGE		1 11
SI CO	65	MILEAGE A /	3.65	237125
5605 R	/	52324 Packer Pental	1000,00	1000 000
			7	
3				
		1,1		
		3 https:/		1237.25
		( September 1)	SALES TAX	13.0
avin 3737	DO0 / 1/1	250360	TOTAL	1310.20

AUTHORIZTION N 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