

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1095845

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:		
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: ()		
CONTRACTOR: License #		County:
Name:		Lease Name: Well #:
Wellsite Geologist:		Field Name:
5		
Purchaser:		Producing Formation:
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:
New Well Re-Entr	ry Workover	Total Depth: Plug Back Total Depth:
Oil WSW	SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG	GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:
Cathodic Other (Core, Exp	pl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as	follows:	
Operator:		Drilling Fluid Management Plan
Well Name:		(Data must be collected from the Reserve Pit)
Original Comp. Date:	Original Total Depth:	Chlasida sectoret
Deepening Re-perf.	Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
[Conv. to GSW	Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Pe	ermit #:	Operator Name:
Dual Completion Pe	ermit #:	Lease Name: License #:
SWD Pe	ermit #:	
ENHR Pe	ermit #:	Quarter Sec TwpS. R East West
GSW Pe	ermit #:	County: Permit #:
Spud Date or Date Reached Recompletion Date	d 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 II III Approved by: Date:

	Side Two	
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 She	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	 Yes No Yes No Yes No 					
List All E. Logs Run:							
			G RECORD	ew Used	on etc		
	Ciara I Jala					# On also	Turne and Develop
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 RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record d of Material Used)	Depth		
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITION OF GAS:				METHOD OF COMPLETION:		PRODUCTION INTER	RVAL:			
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	mit ACC)-18.)		Other (Specify)						

~	CONSOLIDATED
	CONSOLIDATED Oil Well Bervices, LLC

TICKET NUMBER	37445
LOCATION 0++	
FOREMAN Alan	Mader

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

r 800-467-8676			CEMEN	IT				
CUSTOMER #	WEL	L NAME & NUM	BER	SECTION TOWNSHIP			RANGE	COUNTY
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il Park	KS	166210		510		Set Tuc	ST	
s String	HOLE SIZE	55/8	HOLE DEPT	H 913		CASING SIZE & V	VEIGHT 27	18
895	DRILL PIPE		TUBING				OTHER	
T	SLURRY VOL		WATER gal/s	sk		CEMENT LEFT in	CASING_1/0	35
5,2	DISPLACEMEN	NT PSI 800	MIX PSI	100		RATE 45	pn	
old cre	W, ME	et. E	Stab	lished	l	vate.	Mixel	t
20 100	# gel	tollo	ved	by	95	SK Q	WC pl	45
10.5egl	per s	GCK. C	SINCUI	1gtbd	0	ement.	Flush	ed
pand, Pumped 2 plugs to Egsing TD. Well held ROO								
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Utah, Dave

		Al	en Made	21
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030 M
5406	30	MILEAGE		120.00
5402	895	casing toother		-
5407	min	ton miles		350.00
35026	2	30 Que Vac		130.00
1126	95	DWC		1786.00
1118B	100 #	32)		21.00
1107	24#	flosed	•	56.40
N402	2	2 1/2 plus		56.00
				New York Contraction
			Reining C	*
lavin 3737			SALES TAX	144,43
	Read		ESTIMATED TOTAL	3743.8
AUTHORIZTION	1 rour	TITLE	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

251910