



KANSAS CORPORATION COMMISSION 1096017  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- 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: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

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: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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: \_\_\_\_\_



1096017

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED CEMENTING CO., LLC. 037319

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: Great Bend  
12-10-11

DATE <u>12-10-11</u>	SEC. <u>27</u>	TWP. <u>19S</u>	RANGE <u>9W</u>	CALLED OUT	ON LOCATION	JOB START <u>1200 PM</u>	JOB FINISH <u>100 AM</u>
LEASE <u>Sledd</u>	WELL # <u>B-7</u>		LOCATION <u>chase 2 East 1 1/2 North Rice</u>		COUNTY <u>Rice</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>East INTO</u>				

CONTRACTOR val Rig 2  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 270  
 CASING SIZE 8 5/8 20# DEPTH 264  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 15  
 PERFS.  
 DISPLACEMENT 15.25 BBLs  
 EQUIPMENT  
 PUMP TRUCK CEMENTER Wayne D  
 # HELPER David F  
 BULK TRUCK  
 # 344/170 DRIVER Jimmy  
 BULK TRUCK  
 # DRIVER

OWNER Hawkins oil  
 CEMENT  
 AMOUNT ORDERED 185 SX CLASS A  
+ 3% cc + 2% Gal

COMMON	<u>185</u>	@	<u>16-25</u>	<u>3006.25</u>
POZMIX		@		
GEL	<u>4.</u>	@	<u>21-25</u>	<u>85.00</u>
CHLORIDE	<u>6</u>	@	<u>58.20</u>	<u>349.20</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>195</u>	@	<u>2-25</u>	<u>438.25</u>
MILEAGE	<u>19.5 x 25 x 11</u>			<u>536.25</u>
TOTAL				<u>4415.95</u>

REMARKS:  
Pipe on Bottom Break  
Circulation with Rig mud  
Run 3 BBLs freshwater.  
Mix 185 SX class A + 3% cc + 2% Gal  
Shut Down Release Plug  
Displace BBLs freshwater  
Shut in  
Cement did circulate  
Wash up Rig Down

CHARGE TO: Hawkins oil  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB	<u>264</u>		
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>HUM 35</u>	@	<u>200/175.00</u>
MANIFOLD		@	
	<u>HUM 35</u>	@	<u>4.00 100.00</u>
		@	
TOTAL <u>1400.00</u>			

PLUG & FLOAT EQUIPMENT

	@		
<u>Wooden Plug</u>	@	<u>94.00</u>	<u>94.00</u>
	@		
	@		
	@		
TOTAL <u>94.00</u>			

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Rick Smith  
 SIGNATURE Rick Smith

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 5909.95  
 DISCOUNT 50% 20% 1425.26 IF PAID IN 30 DAYS  
4484.69

# ALLIED CEMENTING CO., LLC. 042317

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Great Bend, Kas

DATE <u>12-14-11</u>	SEC <u>27</u>	TWP <u>19S</u>	RANGE <u>9W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00am</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>Stodd B</u>	WELL # <u>7</u>	LOCATION <u>Chase XLS 2E 1 1/4 N Entor</u>		COUNTY <u>Osceola</u>	STATE <u>285</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR ValEnergy Rig # 2  
 TYPE OF JOB Leaky Spring  
 HOLE SIZE 7 3/4 I.D. 3.96  
 CASING SIZE 5 1/2 14# DEPTH 3215  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 1000 MINIMUM 600  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. None  
 PERFS  
 DISPLACEMENT 2% XCL

EQUIPMENT

PUMP TRUCK CEMENTER Behr Keller / Neal Kopp  
 # 398 HELPER Justin C  
 BULK TRUCK  
 # 482-128 DRIVER Jimmy - Vance P.  
 BULK TRUCK  
 # DRIVER

OWNER Hawkins Oil  
 CEMENT  
 AMOUNT ORDERED 125 cu ASC 5# gelsolite per sack

COMMON <u>ASC 12.5 cu</u>	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC <u>12.5 cu</u>	@	<u>19.00</u>	<u>2375.00</u>
<u>gelsolite 625#</u>	@	<u>.89</u>	<u>556.25</u>
WFRZ <u>500</u>	@	<u>1.27</u>	<u>635.00</u>
XCL <u>8</u>	@	<u>31.25</u>	<u>250.00</u>
	@		
	@		
	@		
	@		
HANDLING <u>137</u>	@	<u>2.25</u>	<u>308.25</u>
MILEAGE <u>137 x 2.5</u>			<u>376.25</u>
TOTAL			<u>4561.25</u>

### REMARKS:

Pipe on bottom break circulation pump ball  
 throat; Pump 600 gal of WFRZ mix and  
 pump 125 cu of ASC 5# of gelsolite per  
 sack. Shut down without pumping lines  
 release plug Start displacement 2%  
 XCL

CHARGE TO: Hawkins Oil  
 STREET 427 S Barton Ave Ste 915  
 CITY Tulsa STATE OK ZIP 74103

SERVICE

DEPTH OF JOB <u>3215</u>		
PUMP TRUCK CHARGE		<u>2225.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>Hum 25</u>	@	<u>7.00 175.00</u>
MANIFOLD	@	
<u>Hum 25</u>	@	<u>4.00 100.00</u>
TOTAL <u>2500.00</u>		

### PLUG & FLOAT EQUIPMENT

<u>5/8 Rubber plug</u>	@	<u>73.00</u>	<u>73.00</u>
<u>3/8 Float hose</u>	@	<u>379.00</u>	<u>379.00</u>
<u>5/8 Centralizers 25</u>	@	<u>99.00</u>	<u>2475.00</u>
	@		
	@		
TOTAL			<u>667.00</u>

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment  
 and furnish cementer and helper(s) to assist owner or  
 contractor to do work as is listed. The above work was  
 done to satisfaction and supervision of owner agent or  
 contractor. I have read and understand the "GENERAL  
 TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (if Any)  
 TOTAL CHARGES 7.668 <sup>25</sup>  
 DISCOUNT 30% 2016 1.729 <sup>12</sup>  
 IF PAID IN 30 DAYS  
5939.08

PRINTED NAME a Jim Hawkins  
 SIGNATURE [Signature]