

#### Kansas Corporation Commission Oil & Gas Conservation Division

1096224

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 🔲 East 🗌 West							
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 SWD 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?							
Operator:								
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)							
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	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 Twp S. R							
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:							
Spud Date or Date Reached TD Completion Date or 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: \_ \_ 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) (If vented, Submit ACO-18.) Other (Specify)

### **FIELD SERVICE TICKET** AND INVOICE

### A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

## LONGHORN CEMENTING CO.

YUMA, COLORADO 80759 Phone: 970-848-0799 Fax: 970-848-0798

		DATE 4	-18-1	Z_tick	ET NO	2275		
DATE OF DISTRICT	NEW OLI	D PF			рw Г	GUSTOMER ORDER NO.:		
CUSTOMER Ventex Operating Corpi	LEASE RIA	A ( )	rust #	<del>t.</del> 7		WELL NO.		
ADDRESS	COUNTY STATE							
CITY STATE	SERVICE CREW Mike E- Mark B.							
AUTHORIZED BY	EQUIPMENT ())	vr/#			<u></u>	CONTINUALIZATION STREET, SAA EMBOLETICA		
	SAND DATA: SACKS	TRUC	K CALLED	and the second s		DATE AM TI PM	ME	
SIZE HOLE: 2 TUTT DEPTH FT. (60) A I-II	% GEL ADMIXES		/ED AT JOB			AM PM	***************************************	
SIZE & WT. CASTING NEW 3 7518 DEPTH FT.	and the second s	STAR	COPERATION	A-Maline and the Maline are processed as		AM PM		
SIZE & WT. D PIPE OR TUBING DEPTH FT.  TOP PLUGS TYPE: WEIGHT OF SLURRY: VI Y PP 1	BS./GAL. LBS./GAL	FINIS	H OPERATION	***************************************	- Constitution of the Cons	AM PM		
VOLUME OF SLURRY 1, 3 d ¿ v /	2rt /S/(	RELEA	ASED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P P Colle advante.	AM PM		
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CONTRACT CONDITIONS: (This contract must be signe The undersigned is authorized to execute this contract as an agent of the customer. As products, and/or supplies includes all of and only these terms and conditions appearing shall become a part of this contract without written co	such, the undersigned on the front and back	d agrees and of this docur dvanced Drill	acknowledges nent. No addit ing Technolog	s that this cont tonal or substi- ties, LLC.	tute teri	ns and/or condi	ials, itions	
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REF. NUMBER MATERIAL, EQUIPMENT AND SERVICES L	ISED L	UNIT QUANTITY UNIT PRICE				\$ AMOU	\$ AMOUNT	
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### FIELD SERVICE TICKET AND INVOICE

### A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

## LONGHORN CEMENTING CO.

	Y		P.O. BOX 203 YUMA, COLORADO 80759 Phone: 970-848-0799 Fax: 970-848-0798												
	. (								DATE	4-17-	TICK	ET NO	. 2274		
DATE OF JOB	DISTRICT						NEW WELL		OLD C	PROD _	INJ W	ow [	CUSTOMER ORDER NO.:		
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SERVICE REPRESENTATIVE

FIELD SERVICE ORDER NO.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)