

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1096309

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 Cast / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
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:	
Deepening Re-perf. Conv. to ENHR Conv. to SW	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 Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
ENHR Permit #:	Quarter Sec TwpS. R East West
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 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 Sho	eets)	Yes No		-	n (Top), Depth an		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 Yes No					
List All E. Logs Run:							
				ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, producti	ion, 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: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR.		λ .	Producing N	_	ping	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									Ι	
DISPOSITION OF GAS: METHOD OF COM		OF COMPLE	TION:		PRODUCTION INTE	RVAL:				
Vented Sold Used on Lease				Open Hole Perf. Dually (Submit A						
(If vented, Submit ACO-18.)				Other (Specify)					

C.	CONSOLIDATED CH Well Services, LLC		LOC		Atoma	9532 KS
PO Box 884.	Chanute, KS 66720 FI	ELD TICKET & TREATM	FOR	EMAN	Fred Ma	dur
620-431-9210	or 800-467-8676	CEMENT	ENT REPORT			
DATE	CUSTOMER # WE	LL NAME & NUMBER	SECTION TO	WNSHIP		
Sayla	- 4448 Knake	"M" KRI.25			RANGE	COUNTY
CUSTOMER			VE 15	<u>14</u>	22	50
MAILING ADDE	KOSOUVERS EXPLY	Deu	TRUCK	RIVER	TRUCK #	
			506 Fr	e Mad	Saf I	DRIVER
73 9.3 CITY	W 110 UST			r Bec	17B	ma
	0	ZIP CODE		KAQa	mu	
Overlan		66210	-	+ Tuc	F	
JOB TYPE		5% HOLE DEPTH		G SIZE & W		EUF
CASING DEPTI	DRIEL FIFE_	TUBING			OTHER	
SLURRY WEIG		WATER gal/sk	CEME	NT LEFT in	CASING 25"	Plic
DISPLACEMEN		MIX PSI		SBPI		2
REMARKS: E	stablish circulate	on. Mix + Pump			lix + Pump	
	- 8KS 50/50 Port		Col. Com	XL	Surface	
Fh	ish pump + lin		place 2.	22 R	16 bar Plug	and the second design of the s
to	Casing TD. P.	ressure to 80	4	lease		
to	Set float val	<u> </u>	es iur.	euse	evessor	e
			d'			
-						
			(1		
Uto	ah Drilling			Find	Mader	
-	5				/	
CODE	QUANITY or UNITS	DESCRIPTION of SER	VICES or PRODUCT	T		
	1		THOES OF PRODUCT		UNIT PRICE	TOTAL
5401	/	PUMP CHARGE		495		10,2000
5406		MILEAGE				NIC
5402	759	Casing too tage				NIC
5407	K Minimum	Ton Miles		510		17,500
3502C	12kr	60 BBL Vac T	JUCK	269		135-00
						100-
1124	102 sks	50/50 Por Mix	Connent			90
1118B	272 *	Premium Gel				111690
HOTA	51#	Phone (5712
4402	2	Phono Sent 2"" Rubberp	1.05			65 4
	<u>x</u>	are wowerp	ings			5600
					0.9	
-				6-a	CAL PIN	1010 W
					halad	
				- 2 - 02		004
vin 3737			7.3	52570	SALES TAX	9751
	M				ESTIMATED	2732 32

raci AUTHORIZTION

R

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.

TOTAL

252378