

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1096324

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:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
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:	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: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWE	Chloride content: ppm Fluid volume: bbls
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #: Dual Completion Permit #:	
SWD Permit #:	License #:
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 III Approved by: Date:						

	Side Two I				
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	L	-	n (Top), Depth an	d Datum Top	Datum
Samples Sent to Geolog	jical Survey	Yes No	Null			iop	Datam
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:							
		CASIN		ew Used			
		Report all strings se	t-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	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				Depth					
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Pr	roduct	ion, SWD or ENHF	۲.	Producing I		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
			I							
DISPOSITION	OF 0	BAS:			METHOD (OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Subm	nit ACC)-18.)		Other (Specify)					

6				TICKET NUN	3	6643
	Oli Well Services, LLC			LOCATION		0045
				FOREMAN_		5
PO Box 884,	Chanute, KS 66720	FIELD TICKET & TREA	TMENT REP	ORT	asey Key	medy
	or 800-467-8676	CEMEN		ONT		/
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	4448 Kna	be M # the	NE 15	14	22	
Kansar	Rosan Frank	N. 118-10	14 Andrew Provident			10
MAILING ADDR	RESS	Peo Kr M	TRUCK #	DRIVER	TRUCK #	DRIVER
9393	W. 110th St S.	14 500	481	Casken	ck	
CITY	STATE	ZIP CODE	Leldo	GarMoo	GM	
Overla	nd Park KS	66210	510	KeiDet	KD	
OB TYPE CO	HOLE SIZE		And a second sec	Set Tuc	ST	
CASING DEPTH		THE DEFT	100	CASING SIZE & I		EVE
LURRY WEIG		TODING	L.		OTHER	1
		terrare Sana	<u> </u>	CEMENT LEFT in	CASING - 2	a plas
REMARKS:	eld safety meeting	1 1 1	¥ 1 .		pm	
niked + o	umand in the	, checked cosing dep		elive , est	abished .	circulation
19 sk	5 50/50 Pozurix	comput w/ 27	10 66/5 +	ash water	T mixed +	punged
- surfer	e Alshad anno	clean, somord 2	get + 12	# Frenose	- per - r	-, connent
-,1 bbla	Ach water or	esured to 800 PSI	0/2 rua	ser pluss	a casing	TO WI
	inter to ball / pro		released p	ressure, sh	ut in ca	sing.
				- A	()	
				-		
				124	~/	
				+ ++		
ACCOUNT	QUANITY or UNITS	DESCRIPTION of S	SERVICES or PPO	DUCT	(
CODE 5401	1		SERVICES OF FRO	DUCT	UNIT PRICE	TOTAL
5406	20.	PUMP CHARGE				1030.00
	30 mi	MILEAGE				120.00
5462	\$74	casing toot	zg-e			
5407	minimum	ton mileace 80 Vac	5			350.00
502C	2 hrs	80 Vac				180.00
1124	119 Sks	50/50 Pozmi	X cement			1303.05
1188	300 #	Premium GR.	l			13.00
1188	60 #	Premium Gl. Phenosed D'/2" rubber				63.00 74.40 56.00
0.0111		21/2" subler	alax a			56.00
4402	2		132			
						Pol I
						MARGU
					A 100	nter Sul
					58 630	1
					Le	
				7.525%	SALES TAX	112.82
737		2504	NX		ESTIMATED	3292.27
			0		TOTAL	0010.01
ORIZTION		TITLE			DATE	

nowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's unt records, at our office, and conditions of service on the back of this form are in effect for services identified on this form