

Kansas Corporation Commission Oil & Gas Conservation Division

1098137

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
Address 2:	Feet from North / South Line of Section
City:	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	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, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Christ Management Dlan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Dewatering metriod 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
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	e:		_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shues if gas to surface te	nd base of formations p ut-in pressures, whethe est, along with final cha I well site report.	r shut-in pressure	eached static level,	hydrostatic pres	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No		Log Formatio	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	logical Survev	☐ Yes ☐ No	N	ame		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop)	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		CASIN	NG RECORD	New Used			
				intermediate, product	1		
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
		ADDITION	IAL CEMENTING / S	SQUEEZE RECORD			
Purpose:	Depth	Type of Cement	# Sacks Used		Type and I	Percent Additives	
Perforate Protect Casing	Top Bottom	Type of Comen	TIL # Sacks Used Type and			- Croom Additives	
Plug Back TD Plug Off Zone							
Shots Per Foot	PERFORATI	ION RECORD - Bridge P	lugs Set/Type	Acid, Fra	cture, Shot, Cemen	t Squeeze Record	d
Shots Fer Foot	Specify	Footage of Each Interval F	Perforated	(Ai	mount and Kind of M	aterial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No)	
Date of First, Resumed	Production, SWD or EN	NHR. Producing M	lethod:	Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Water B	bls.	Gas-Oil Ratio	Gravity
	1						
DISPOSITI	ON OF GAS:		METHOD OF COM			PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole			mmingled mit ACO-4)		
(If vented, Su	bmit ACO-18.)	Other (Specify)			l		

Stimulation Pumping Services, L.L.C. PO BOX 758 Blackwell OK 74631 580-363-5413

INVOICE

INVOICE NO. 901

DATE 05/31/12

PAGE 1 of 1

CUSTOMER ID: K010

BILL TO:

DESCRIPTION

KANSAS PRODUCTION CO 1613 W 6th BARTLESVILLE, OK 74003



AMOUNT

SERVICES		6,046.30
LEASE: DEARMOND #M-1 SR #1399 MAY 30, 2012	Taxable Sales Tax Non-Taxable Subtotal	0.00 0.00 6,046.30 6,046.30
FDWE0101L 906/02/08	Total Due PAID 5/30/12 CHECK #6688	6,046.30

SPS

<u>Stimulation</u> Pumping Services

Phone (580) 363-5413 • P.O. 758 • Blackwell, Oklahoma 74631

CUSTOMER /	uses Production Co	LEASE Dear marc) # M-1	
ADDRESS	nsas Procluction Co	COUNTY Chate		
CITY	Bartlesville, OK		OWNSHIP	RANGE
STATE & ZIP	74003	SERVICES & MATERIALS REC	C. BY:	
QUANTITY	DESCRIPTION OF SERVICES	S AND MATERIALS	UNIT PRICE	AMOUNT
4.00	Cemant Pump			
J	Cement Swedgen			
300 sx	Class M Coment			i karangan
100 m	Light Equipment Mileag			Media Mediana
1001,	Hoavy Fauipment Miles	, 19e		Test of the
	Hogy Faulphen T Miles 4/2 Rubber Plug			
1475	Salt			
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		Vol K	SALES TAX	
		<i>r</i>	TOTAL BILLING	6046.30
V	FIELD T	ICKET ONLY		

TERMS: 1-1/2% per month charge for payments made after thirty days from billing date.

SPS

<u>Stimulation</u> Pumping Services

Phone (580) 363-5413 • P.O. 758 • Blackwell, Oklahoma 74631

CUSTOMER //	acre Halinton Ca	LEASE Dearmon	/ _ M-I	
ADDRESS	Kir William	COUNTY		
CITY	Conthesuilly OK	SECTION	TOWNSHIP	RANGE
STATE & ZIP	79000	SERVICES & MATERIALS RE	C.BY:	
QUANTITY	DESCRIPTION OF SERVICE	ES AND MATERIALS	UNIT PRICE	AMOUNT
	COMPAT Ring			
	Const Curden			
300 sx	Clark Wil Camont			
100.	Light Farmer Hile			
1004	Howy Fy. prat /46			
The state of the s	4/ Rhow Plag	A STATE OF THE STA		
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			7	
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			De Soute (Capita	6,046
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			TOTAL BILLING	
	FIFID	TICKET ONLY		

FIELD TICKET ONLY SUBJECT TO CORRECTION

TERMS, 1-1/2% per month charge for payments made after thirty days from billing date.