

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1098214

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:	Sec TwpS. R East West
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:	
C C	
Purchaser:	
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?
☐ OG	bd. 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	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Operator Name:
SWD Permit #:	License #:
ENHR Permit #:	Quarter Sec Two S R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or 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	1098214
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	Sample Datum
Samples Sent to Geolog	gical Survey	Yes No	Indif			юр	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:							
		CASING		ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, product	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 Specify Fo		RD - Bridge P Each Interval I		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITIC	ON OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	mit ACC)-18.)		Other (Specify)						



862000005

CEMENT FIELD TICKET AND TREATMENT REPORT

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02.176 8				Bryan Scullawi	865
2/299'5 \$	XAT SELAS	%08'9		Mirk Sanders	
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\$ 523.00		0	099	KOF SEAL (50 # SK)	AOLLI
09.13 \$	\$1°56	0	40		ATOIT
\$ 1,380.50	\$15.55	0	011	60/40 POZMIX CEMENT W/ NO ADDITVES (40% POZ)	
71:500/1				Cement, Chemicals and Water	L
2 1,664,12 5		<u>РЕК FOOT</u>	97/	FOOTAGE	2405
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00000 F 3	Price per Unit		Guantity	Cement Pump Charges and Mileage	Code
			6uiqn1		Dispatch Location
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006	Displacement PSI		Casing Depth		lism∃
5.4.3	Displacement		ezis buise)		Contact
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	Water Required		RGE	P-SI pnuoY valannuN	Well No.
1.51	Density		TWP		Customer Acct #
000	/				
30 CFV22 V	Cement Type Excess (%)		State, County	୮୦୦୦ ମୁମ୍ଲାପ କାର୍ଯ୍ୟ କାର୍ଯ୍ୟ	Job Type Customer

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.

NAMERON

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Dispatch Location	BARTLESVILLE	priduT	2.875	Ste	mqd4
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lismE	0	eziS gnissO	8/9 8	Displacement	4.3
Contact	0	Hole Depth	.223,	Slumy Volume	0
eboʻ) qiZ	0	əzi2 əloh	£ 3/4	Slumy Weight	0
City & State	0	Formation		Yeild	1 26
seerbbA goilling	A-SI gruoY yelennuN	RGE	0	Water Required	0
Well No.	0	ТМР		Density	13.7
Customer Acct #	Long String	Section	0	(%) ssecx3	30
Customer	6&J	VinuoD ,eisi2	Montgomery , Kansas	Cement Type	CLASS A

Ran gel / LCM to establish circulation, ran 110sx of 60/40 PO2 wix w/ 2% gel / 2# salt / 5# kol seal / 40# pheno. Flushed pung and fines, dropped 2 plugs and

displaced to set. Shut in and washed up.

Circulated cement to surface.

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20-431-9210	or 800-467-867	0	TRE	ATMENT				
DATE	CUSTOMER #	WEL	L NAME & NUN		SECTION	TOWNSHIP	RANGE	COUNTY
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