



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1098677

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- ☐ 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:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- ☐ Deepening      ☐ Re-perf.      ☐ Conv. to ENHR      ☐ Conv. to SWD
- ☐ Conv. to GSW
- ☐ Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- ☐ Commingled      Permit #: \_\_\_\_\_
- ☐ Dual Completion      Permit #: \_\_\_\_\_
- ☐ SWD      Permit #: \_\_\_\_\_
- ☐ ENHR      Permit #: \_\_\_\_\_
- ☐ GSW      Permit #: \_\_\_\_\_

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Feet from ☐ North / ☐ South Line of Section

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE      ☐ NW      ☐ SE      ☐ SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

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: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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: \_\_\_\_\_



1098677

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><br>Cores Taken <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>Electric Log Run <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>Electric Log Submitted Electronically <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Log</span> <span>Formation (Top), Depth and Datum</span> <span><input type="checkbox"/> Sample</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name</span> <span>Top</span> <span>Datum</span> </div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| CASING RECORD <span style="float: right;"><input type="checkbox"/> New <input type="checkbox"/> Used</span><br>Report all strings set-conductor, surface, intermediate, production, 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:                                                                             | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| _____ Perforate<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|                                                                                      |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |

|                                                 |           |         |                                                                                                                                                                                |               |                                                                                                        |
|-------------------------------------------------|-----------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------|
| TUBING RECORD:                                  |           | Size:   | Set At:                                                                                                                                                                        | Packer At:    | Liner Run: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |
| Date of First, Resumed Production, SWD or ENHR. |           |         | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |               |                                                                                                        |
| Estimated Production Per 24 Hours               | Oil Bbls. | Gas Mcf | Water Bbls.                                                                                                                                                                    | Gas-Oil Ratio | Gravity                                                                                                |

|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                  |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|

|               |                    |                            |
|---------------|--------------------|----------------------------|
| Company:      | JOHN MEARS         | Contractor: EK Energy LLC  |
| Farm:         | SHOCKLEY-SIZEMORE  | License# 33977             |
| Well No:      | 35                 | County: WOODSON            |
| API:          | 15-207-28170-00-00 | Sec: 34 TWP: 26 Range: 16E |
| Surface Pipe: | 40.3               | Location: 2575 FSL         |
|               |                    | Location: 1709 FEL         |
|               |                    | Spot: NW-NE-NW-SE          |

1664: 68' very good  
1668' Hard spot  
1668-72 Good Bled

Lone Jack Oil Company  
 509 East Walnut  
 Blue Mound, KS 66010

|           |          |
|-----------|----------|
| Date      | 9/8/2012 |
| Invoice # | 1522     |

|         |                                                    |
|---------|----------------------------------------------------|
| Bill To | John Mears<br>4100 240th Road<br>Chanute, KS 66720 |
|---------|----------------------------------------------------|

|          |       |         |
|----------|-------|---------|
| P.O. No. | Terms | Project |
|----------|-------|---------|

| Quantity | Description                                                                                                                                              | Rate            | Amount           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|
| 1        | Shockley Sizemore Lease<br>9/6/12, Well #35, circulated 90 sacks of cement to surface.<br><i>see log</i><br>pumped plug and set float shoe.<br>Sales Tax | 700.00<br>6.30% | 700.00T<br>44.10 |

|                              |  |  |                                    |
|------------------------------|--|--|------------------------------------|
| Thank you for your business. |  |  | Total<br>\$744.10<br><i>212.00</i> |
|------------------------------|--|--|------------------------------------|

*pd 9-15-12 95670*

Invoice