

Kansas Corporation Commission Oil & Gas Conservation Division

1099160

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: State: Zip:+	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 ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
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: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls 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 #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ 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	ə:		_ Well #:		
Sec Twp	S. R	East West	County:					
ime tool open and clo	sed, flowing and shut s if gas to surface tes	d base of formations pe -in pressures, whether st, along with final chart well site report.	shut-in pressure	reached static leve	l, hydrostatic pres	sures, bottom h	ole temperature, fluid	
Orill Stem Tests Taken (Attach Additional S		Yes No		Log Formati	on (Top), Depth ar	nd Datum	Sample	
Samples Sent to Geolo	ogical Survey	Yes No	N	lame		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:								
		CASING Report all strings set	RECORD	New Used	ction. 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	
		ADDITIONA	L CEMENTING / S	SQUEEZE RECOR	<u> </u>			
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	1	Type and I	Percent Additives		
Shots Per Foot	PERFORATIO Specify F	ON RECORD - Bridge Plu ootage of Each Interval Pe	gs Set/Type erforated		acture, Shot, Cemen	Sement Squeeze Record d of Material Used) Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS: Used on Lease mit ACO-18.)	Open Hole		ually Comp. C	ommingled ubmit ACO-4)	PRODUCTIO	DN INTERVAL:	





35491 TICKET NUMBER LOCATION Euroka FOREMAN STONE MEAN

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-12 CUSTOMER	5321	Bowen 20-A					Allen
	McFade RESS	len		TRUCK#	DRIVER	TRUCK#	DRIVER
				485	Alanm	TROOK	DRIVER
CITY P.O.	Box 394	STATE ZIP CODE		611	Joen		
1019	EC 55740	KS 66749		02+25-			
JOB TYPE ZO	restring o	HOLE SIZE 6 1/8	HOLE DEPTH_	860	CASING SIZE & W	EIGHT	1
CASING DEPTH	855	DRILL PIPE	TUBING 23			OTHER	
SLURRY WEIGH	HT	SLURRY VOL	WATER gal/sk		OFMENT I SEE		
DISPLACEMEN	T 5661s	DISPLACEMENT PSL500-F	MIX PSI Plus	1000	RATE		
REMARKS: 5	arty meti	na: Pia Un To 2	そ ブルトニカ	· Ra	1 Cin 1 -1	on lill 6	oo a b
water,	Wix 200	Les Flush. & 5 hh	1 Linker C.	OSCOA	12:0 12/-1	1-141	
CALLED !	W/ 460 G	of AloCacle 4-1	- phen	ace less	let Shul	das	Les lavit
1	110000 110	ELABOUR (FI) DE	ace (1)	2 2 26/1	LAOCH 2 BI	DA 6:-	. 1 2
Pressure	5.00 A	Bump Play 1600	I R	elease a	2001	1 -1	of Fumping
With	0th, G	Good Cement Ret	Fucos To	Suchas	(12200	nuiwel	7/2
	Tab Cample	ITP Rigdown		300 1-00	. 5 90 () (u	rry rapi	1
		7476 (72107)					
	disting	1	hone				

TOTAL	UNIT PRICE	DESCRIPTION of SERVICES or PRODUCT	QUANITY or UNITS	ACCOUNT CODE
1020.00	1030.00	PUMP CHARGE	1	5401
200.00	4.00	MILEAGE	50	5466
1568.75	12.55	60/40 ROZMIX Cement	125 sks	1131
90.30	.21	Gel 4%	436#	11188
159.10	.74	Cacl2 2%	215 5	1107
161.25	1.29	Phenoseal /= Parisk	725 th	1107A
42.00	.21	Gel Flush	2004	11183
360-46	1.34	Jan Mileage Bulk Truck	5.38 Jan	5407A
56.00	28.00	22 " Top Rubber play	2,	4402
			60.60	
3667.86				
156.84		2 2	_	vin 3737
3824.70		0.7.7.7.	20 1111	,
	SALES TAX ESTIMATED	003034 7.55% TITLE	2 Mall	avin 3737 .

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