

Kansas Corporation Commission Oil & Gas Conservation Division

1099168

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 III Approved by: Date:					

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Hole Size Casing		Weight Lbs. / Ft.		Setting Type of Depth Cement		# Sacks Used	71	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Depth Top Bottom — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo				s Set/Type orated	Set/Type Acid, Fracture, rated (Amount			e, Shot, Cement Squeeze Record It and Kind of Material Used)		
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Oil Bbls. Gas Per 24 Hours			Mcf				,		Gravity	
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTION INTERVAL:		
Vented Sold	Used on Lease	Open	Hole Specify)	Perf.	Dually (nmingled mit ACO-4)			



TICKET NUMBER	37329
LOCATION OHAW	a,KS
FOREMAN Casey K	ennedy

DATE

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676		CE	MENT			
DATE	CUSTOMER#	WELL NAM	E & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/28/12	5321	McCall #	2Ax	Sw 36	24	20	AL
CUSTOMER	11. = 11			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	McFaddee	1	100	481	Casken	CE	DRIVER
	374 394			lelele	Gar Moo	6M	
CITY	31 011	STATE ZIP (CODE	228	Ryasm	RS	
lola		KS Cel	749	028	1742-11		
JOB TYPE 100	metri na	HOLE SIZE 6/8		DEPTH 860'	CASING SIZE & V	VEIGHT 27/8	" EVE
CASING DEPTH	タヒノン	DRILL PIPE	TUBII	NG		OTHER	
SLURRY WEIGH	IT	SLURRY VOL	WATE	ER gal/sk	CEMENT LEFT in	CASING 2-2	'arubber dua!
		DISPLACEMENT PSI		·si	RATE 4.6 6	9m	
REMARKS: 4	eld safala an	extra estab		sking, nortalu	of + source	1 200 # Pi	emism Gol
followed b	ou in lade	from unter	mixed t	- pumped 114	sks 60/40	Po swik c	ement w/
47,000.	12% Cal	1 + 1# Phen	-oseal ner	sk coment to	surface . +	ushed wown	so clean.
maned 2	1 2 " rub	per plus to	casing 70	w/ 4.95 bbs	tresh wate	pressure	d to 866
PSI (0)00	osed pressure	e, short in a	ising.		598-09		
7.00		/			Λ		
					1/17		
					(/ '		
ACCOUNT	QUANITY	or UNITS	DESCRIP	TION of SERVICES or P	RODUCT	UNIT PRICE	TOTAL
5401	,	PUM	P CHARGE				1030.00
5406	50 N		MILEAGE				200.00
5402	851.	3		fratros			
	262. 3		ton milege				351.35
5407A	2 G2. 8		(Ort Ind	ie de			231.20
1131	114 sle	c 4	Olun Pos	mix cement	,		1430,70
1118B	592 #		Premium				124.32
			C. ()	G			145.04
1102	196 ±	t L	Plan	1			
11074		7	21/ "	der plug			147.06
4402	2		2/2 ru	ever plug			30.
							**
							1787
						Willing -	31
					7.55%	SALES TAX	143.69
Ravin 3737				DEDO		ESTIMATED	
	Q 00 1	W. A.		25093	Xo	TOTAL	3628.16

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

TITLE_