

Kansas Corporation Commission Oil & Gas Conservation Division

1099448

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

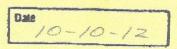


Operator Name:			Lease Name	e:			_ Well #:		
Sec Twp	S. R	East West	County:						
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl	
Drill Stem Tests Taken ☐ Yes ☐ No (Attach Additional Sheets)				Log	Formatio	n (Top), Depth an	Top), Depth and Datum		
		N	lame	ame		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes							
List All E. Logs Run:			RECORD [Used				
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen	
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives	
		ADDITIONA	L OFMENTING (00115575	DECORD				
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	ect Casing Back TD		# Sacks Used			Type and Percent Additives			
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfora				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dep				
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No			
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity	
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:	
(If vented, Sub	mit ACO-18.)	Other (Specify)							

STATEMENT

ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538



Customer Southwinds Address City State Zip Oty. Description Price Amount 10,00 pront 1100. 16,00 110,00 00 00 50,00 00 00 00 25,00 00 00 Neet with Calcium Chloride,