



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1096669
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1096669

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Larson Engineering, Inc. dba Larson Operating Company
Well Name	Voshell 1 OWWO
Doc ID	1096669

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4448-51, 4372-76	250 gal 15% MCA	4448-51
		250 gal 15% MCA	4372-76
		500 gal 15% NEFe	4373-78
4	4338-44	250 gal 15% MCA	4338-44
		SQZ: 50 sx Class A	4338-44
4	4327-32	250 gal 15% MCA	4327-32
		SQZ: 50 sx Class A	4327-32



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 N° 23160

PAGE 1 OF

SERVICE LOCATIONS
 1. **NESS CITY, KS**
 2.
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO. LEASE **VDSHELLOWWD#1** COUNTY/RABISH **LANE** STATE **KS** CITY **DIGHTON, KS.** DATE **18 JULY 12** OWNER
 TICKET TYPE SERVICE SALES CONTRACTOR **WILD WEST WELL SERV** RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.
 WELL TYPE **OIL** WELL CATEGORY **WORKOVER** JOB PURPOSE **PERF SQUEEZE** WELL PERMIT NO. WELL LOCATION **STO RO 90, 1W 1/2N, LEV 7D**
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #110	40	mi			6.00	240.00
578					Pump CHARGE	1	hr			1500.00	1500.00
288					SAUD	1	Sx			22.00	22.00
290					D-AIR	1/2	gal			35.00	17.50
325					STANDARD CEMENT	50	SX			13.50	675.00
581					SERVICE CHARGE CEMENT	50	SX			2.00	100.00
582					MINIMUM DRAYAGE	4700	lbs	94	tm	250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x *[Signature]*
 DATE SIGNED **18 July 12** TIME SIGNED **1400** A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY				AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	Lanc TAX 6.3%	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?									
WE UNDERSTOOD AND MET YOUR NEEDS?									
OUR SERVICE WAS PERFORMED WITHOUT DELAY?									
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?									
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES		<input type="checkbox"/> NO						
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND								176.68	2981.18

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 23174

PAGE 1 OF

SERVICE LOCATIONS: 1. **NESS CITY, KS.** WELL/PROJECT NO. **#1** LEASE **VOSHELL OWN** COUNTY **WASH** STATE **KS** CITY **DIGHTON, KS** DATE **1 AUG 12** OWNER
 2. TICKET TYPE SERVICE SALES CONTRACTOR **WILD WEST WELL SERV.** RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.
 3. WELL TYPE **OIL** WELL CATEGORY **WORKOVER** JOB PURPOSE **PERF SQUEEZE** WELL PERMIT NO. WELL LOCATION **6S, 1/2W, 1/4N, E12P**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #110	40	mi			6.00	240.00
578					Pump CHARGE	1				1500.00	1500.00
288					SAND	1	bx			22.00	22.00
290					2 AIR	1/2	gal			35.00	17.50
325					STANDARD CEMENT	50	bx			13.50	675.00
581					SERVICE CHARGE CEMENT	50	bx			2.00	100.00
582					MINIMUM 2 RAYAGE	4700	lbs	94	lbm	250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED: **7 AUG 12** TIME SIGNED: **1400** A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				2884.50
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				
Lanc TAX 6.3%				176.68
TOTAL				2981.18

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: *[Signature]* APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: AUG 12 PAGE NO.

CUSTOMER
LARSON ENGINEERING

WELL NO.

LEASE
NOSHELL OILFIELD #1

JOB TYPE
PERF SQUEEZE

TICKET NO.
23174

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0945							ON LOCATION
	1025							SPOT 1 SX SAND
	1050							PULL PACKER TO 4256 - SET
	1056	4	54			✓	300	LOAD ANNULUS - PSI UP - START IN
	1109	1 1/4				✓	1000	TAKE LOG RATE
	1115	1 1/2	10 1/2			✓	1100	MIX 50 SX STD
		1 1/2 1/2	40			✓	1500	DISPLACE CEMENT
	1134							WASH START IN WASH WASH TRUCK
	1147					✓	1200	STAGING.
	1155	3	20			✓	600	RELEASE PACKER REVERSE CEMENT OUT
	1204					✓	1000	SET PACKER STAGING
	1250					✓	800	RELEASE PSI DRY
	1300	3 1/2	40			✓	400	WASH TANK SQUEEZE.
								COULD NOT GET BELOW 4326.
								RACK TRUCK UP
	1400							JOB COMPLETE
								TRACKS #110
								JASON JEFF ISAAC

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 09, 2012

Thomas Larson
Larson Engineering, Inc. dba Larson Operating
Company
562 W STATE RD 4
OLMITZ, KS 67564-8561

Re: ACO1
API 15-101-20386-00-01
Voshell 1 OWWO
SW/4 Sec.13-19S-29W
Lane County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Thomas Larson