



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1099253
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: _____



1099253

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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802 N. Industrial Rd.
 P.O. Box 664
 Topeka, Kansas 66749
 Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
 Concrete to be delivered to the nearest accessible point over purchaser's road, under truck's own power. Due to delivery at owner's or contractor's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allowed time for unloading trucks is 3 minutes per yard. A charge will be made for holding trucks longer. This concrete contains cement water reducers for strength or air indicated. We do not assume responsibility for strength test when water is added at customer's request.
 Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

CASH
 CASH ON DELIVERY

RT1018
 ANNY KING
 54 W TO 500 S TO HOWELL W/5 MI
 TO VIOLET 9.2 MI TO FM 101 MI
 TO UTE S 1 MI TO 40TH E 1/2
 MI N 50

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL	DRIVER/TRUCK	PLANT/TRANSACTION #
08:34:51a	WELF	10.00 yd	10.00 yd	0.00	39	WJ000
DATE	LOAD #	YARDS DEL	BATCH #	WATER TRIM	SLUMP	TICKET NUMBER
10-01-12	1	10.00 yd	271401	0.0	4.00 in.	02602

WARNING

IRRITATING TO THE SKIN AND EYES

Contains Portland Cement, Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. Flushing Purities, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR MODIFICATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.

The purchaser promises to pay all bills, including reasonable charges for loss, incurred in collecting any bills.

All responsibility for any damage caused by use of this concrete is assumed by the purchaser.

Not Responsible for Rejection of Concrete. No Claim Allowed if this Material is Delivered.

A \$25 Service Charge and Loss of Use shall be assessed when concrete is not returned to plant within 30 days of delivery.

PROPERTY DAMAGE RELEASE
 (TO BE SIGNED AT DELIVERY - USE MADE INSIDE CURB LINE)
 Dear Customer: The crew of this truck in operating the PLEKES to you for your concrete is at the option of the size and weight class truck may possibly cause damage to the premises and/or adjacent property. It is please the material to be used where you determine it is necessary to help you in every way that we can, but it is understood the driver is requesting that you sign this RELEASE relieving him and this company from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, driveways, shrubbery, trees, etc., by the delivery of this material, and that you also agree to hold him harmless from the wrecks of the vehicle on the job site. We thank you for your understanding and assistance in completing this release and the supply for support of storage to the premises and/or adjacent property which may be claimed by anyone to have been damaged by the delivery of this concrete.

Excessive Water is Detrimental to Concrete Performance
 H₂O Added By Request/Authorized By

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

[Signature]

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
10.00	WELF	WELF 100 SACKS PER UNIT	51.00	510.00
10.00	MIXING	MIXING & HAULING	25.00	250.00
2.50	TRUCKING	TRUCKING CHARGE	50.00	125.00
		Grand total		885.00

RETURNED TO PLANT	LEFT JOB	ARRIVED UNLOADING	DEPART EXPLANATION (CYLINDER TEST TAKEN)	TIME ALLOWED	ADDITIONAL CHARGE 1
		10:00	NO NOTIFICATION FOR PLANT OF BUMP TRACK (HEAD OFF) CONTRACTOR BROKE DOWN & ROLLED WRECK		
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUES	
3:50	9:28	10:00			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME	
					GRAND TOTAL

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

December 14, 2012

Charlie King
King, Charles dba CK Oil
409 E. WILSON
YATES CENTER, KS 66783

Re: ACO1
API 15-207-28358-00-00
Dwight Jackson 5
NW/4 Sec.19-26S-17E
Woodson 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,
Charlie King