

### Kansas Corporation Commission Oil & Gas Conservation Division

### 1100006

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 🔲 East 🗌 West						
Address 2:	Feet from North / South Line of Section						
City:	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         SWD         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: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	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:						
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:						
Spud Date or Date Reached TD Completion Date or 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 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
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	
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:			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	Depth Top Bottom	Type of Cement	# Sacks Used Type and Perce		Percent Additives			
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					cture, Shot, Cement mount and Kind of Ma	•	d Depth
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) _						



TICKET NUMBER 36657

LOCATION Offgus

FOREMAN Algan Maden

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

## FIELD TICKET & TREATMENT REPORT

0		CLIVILI	11	· · · · · · · · · · · · · · · · · · ·		The second second second
DATE	CUSTOMER# WEL	L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-12	6316 S. Earl	Gray #PDC-5	NW 19	26	1.2	Woods
CUSTOMER	, )					100 acres
WALLEY ADDR	k Otvelspema	int	TRUCK#	DRIVER	TRUCK#	DRIVER
WAILING ADDR	E00	•	316	Mand	Sufer	Meet
3402	w 93rd	1710 0005	368	Gan, M	GM "	
CITY	STATE	IN CODE	370	Kelthe	156	
heawo		15/200	510	Kvan5	RS	
JOB TYPE (D)	NG STYNG HOLE SIZE	HOLE DEPTI	1862	CASING SIZE & V	VEIGHT 2	18
CASING DEPTH	1 859 DRILL PIPE_	TUBING		<u> </u>	OTHER	
SLURRY WEIGH			k	CEMENT LEFT in	CASING 1/2	5
DISPLACEMENT	T 5 66 DISPLACEMEN	IT.PSI <u>ČOO</u> MIX.PSI <u>Q</u>	00	RATE 4/60	n	
REMARKS: /	eld erew Me	eet. Estab	lished 1	ate. M	ixed A	Dum Pec
100 B GP	1 followed by		50 002 0	1/48 20%	apl'	1000000
Circul	lated cement.	7/10/	0 10	imped	Olun L	
EMESIAE	TP. Well he	old 800 PST	50+ f	Jack. C	Lace of	<del>,                                    </del>
	,		. 000	wair c	10000	value
HAT B	GA'C		· .			
<i>V/</i> / // /				· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		·	
						<u></u>
· · ·	· · · · · · · · · · · · · · · · · · ·			10-	Mode	
ACCOUNT				Hlan	JV Wee	v _
CODE	QUANITY or UNITS	DESCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE				1030.00
5406	75	MILEAGE				300.00
5402	859'	casins for	tage			000.00
5407	464.4	ton miles	<u> </u>			10080
55091	3	80 vac	<u> </u>			622.30
JUAG		00 046				270.00
1/01/	144	TOD (CD)			· · · · · · · · · · · · · · · · · · ·	
1127		50190 ceme.	at			1576.80
11180	336 #	90/	· · · · · · · · · · · · · · · · · · ·			70.56
4402	1	2/20/49		and the second s		28,00
		<i>27</i>				0,0,00
	- Company Community	,	-			
. \						
,	-			-		<del></del>
				hours		
-			·	<del></del>		
				-		
					· .	
					·	<u> </u>
		-		7.3	SALES TAX	122:30
vin 3737	Jo company re Jim Okd	-1"			ESTIMATED	1, 10, 10, 10, 11
	T. Dr'D	· · · · · · · · · · · · · · · · · · ·			TOTAL	7019,96
UTHORIZTION_	U.M UKO	TITLE			DATE	<u>:</u>

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