

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1100899

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:		
Address 2:		Feet from Dorth / South Line of Section
City: S	state: Zip:+	Feet from East / West Line of Section
Contact Person:	·	Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		County:
		Lease Name: Well #:
		Field Name:
0		Producing Formation:
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:
	e-Entry Workover	Total Depth: Plug Back Total Depth:
 Oil WSW Gas D&A OG CM (<i>Coal Bed Methane</i>) Cathodic Other (<i>Context</i>) 	SWD SIOW ENHR SIGW GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt
If Workover/Re-entry: Old Well Ir	nfo as follows:	
Well Name:	Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls
Deepening Re-per	f. Conv. to ENHR Conv. to SWD	Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	Operator Name:
Dual Completion	Permit #:	License #:
	Permit #:	Quarter Sec TwpS. R East Wes
	Permit #:	County: Permit #:
GSW	Permit #:	County Pethilt#
Spud Date or Date Re Recompletion Date	ached 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	1100899
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		<pre> Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed I	Product	on, SWD or ENH	ર .	Producing N	lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
			I							
DISPOSITIC	ON OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC	-18.)		Other (Specify)						

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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.

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TICKET NUMBER 33165

LOCATION OKLAWA KS

FOREMAN Fred Modu

FIELD TICKET & TREATMENT REPORT CEMENT

PO Box 884, Ci	nanute,	KS	66720
620-431-9210 d	or 800-	467-	8676

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$\frac{5502C}{1124} = \frac{2\mu s}{160^{20}} = \frac{80 \text{ BBL Vac Fruck}}{1124} = \frac{370}{1175}$ $\frac{1124}{1118B} = \frac{55675}{3284} = \frac{6}{17000000000000000000000000000000000000$	5407	2 mini	num			<u>503</u>		
$\frac{1124}{1124} \underbrace{65645}_{3284} \underbrace{5050}_{702} \underbrace{672}_{111} \underbrace{112}_{111} \underbrace{50}_{111} \underbrace{112}_{111} \underbrace{112}_{111}$	55020		hirs	80 BBL Vac 7	truck	370		18000
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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 for

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TICKET NUMBER			ు	3	1	h	b
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CONSOLIDATED Oil Well Services, LLC

LOCATION Oftaina KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676)	CEMEN	1 ·			
DATE	CUSTOMER#	WELL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
12-17/11	5949	Partorochill	sdale	NW 4	16	22	Mi
CUSTOMER'			ten	机化 医加辛辛酸			
0.1	Source	D.S. Corp	at 22	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS	,		506	FreMad	Sofety N	thy
120	Shorelin	e Dr		495	Nor13BC	AB	1
CITY		STATE ZIP CODE		370	GarMod	Em	
Louisk	Urg	KS 66053		<u> </u>	Relidet & Ryc	2 CM KK	·RC
JOB TYPE	lup d	HOLE SIZE 5 5/8	HOLE DEPTH	900	CASING SIZE & W		A
CASING DEPTH	2N/A	DRILL PIPE	_TUBING			OTHER	-
SLURRY WEIGH	T	SLURRY VOL	WATER gal/s	k	CEMENT LEFT In	CASING	
DISPLACEMENT	•	DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: E	stablish	circulation, 4	hru 1"	tobily is	300× 105	Hs Cen	ues X
<u> </u>	PD. Pul	1 1" Lobing te	3301	EillL	Sartaca	Por	<u> </u>
(^^	tobing v	+ Topoff Dwe	ll,	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • •	
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Hoel	in Pulling				. Mac		
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
540570	· · · · · · · · · · · · · · · · · · ·	PUMP CHARGE 495		103004
5406	10 mi	MILEAGE 495		4000
5407	1/2 Minimum	Jon Miles 503		17500
JSOLC	2 hirs	Ton Miles Ja3 80BBL Vac Truck 370		15000
1/2.1/	(sks	Salar Pa Mar Carry		<u>ع</u> ر 11
1/24	65°5KS 328#	50/50 Por Mix Cement Prenchyne Cul	68 88	1028
1118B		1. Veningre all	68-	(Legar)
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	/	7.55%	SALES TAX	5824
lavin 3737			ESTIMATED TOTAL	226487
AUTHORIZTION		TITLE	DATE	

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.

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